PART 1

ADMINISTRATION

CHAPTER 1 - INTRODUCTION

A. This operations manual was developed as a reference guideline for Indian Health Service (IHS) and tribal facilities managers to utilize when managing their facilities engineering program. The manual is not a directive, it is intended as a tool to assist facilities managers in the daily operation and maintenance of health care facilities. The manual is organized into topics which are referred to as parts. The parts are further sub-divided into chapters for easy reference and update. Some chapters, such as Part 1, Chapter 2, "Mission, and Chapter 3, "Organization", require the user to insert the mission and organizational charts of the Area and service unit facilities organization. The manual is not complete, additional parts will be forthcoming in the future.

B. Each site manual should evolve as a dynamic document that will be "tailored" to each site as conditions dictate. It is understood that each installation is unique and our goal is to attempt to be as consistent as possible among and within IHS facilities engineering programs. Each facilities manager should also include local facilities program procedures in the evolvement of their comprehensive site manual. It will then serve as an orientation source for succeeding facilities managers when transfers, retirements, or promotions occur within the agency.

C. The manual does not pretend to reflect all of the intricacies of managing a facilities engineering program. However, it does have the advantage of displaying the basic requirements to manage and implement a successful program. The document is not intended to downplay or critique any existing established program. Its purpose is to stimulate the user to re-evaluate existing programs and modify them if needed.

D. The manual will be periodically updated by Headquarters, Division of Facilities and Environmental Engineering (DFFE), Facilities Program Development Branch (FPDM). Amendments or proposals for inclusion should be referred to Headquarters DFFE/FPDB for consideration so that they may be shared with all facilities managers in the field.

CHAPTER 2 - MISSION

2-1 INDIAN HEALTH SERVICE

The Indian Health Service (IHS) is an Operating Division within the Department of Health and Human Services (DHHS), often referred to as the "People's Department" because, in one way or another, it touches the life of almost every person in the United States. The IHS is under the leadership and direction of a Director who is responsible to the Secretary of Health and Human Services. The agency consists of the following major components: Office of the Director, Office of Public Health, and the 12 IHS Area Offices. The IHS is the primary Federal health resource for American Indians and Alaska Natives. IHS provides a comprehensive health services delivery system with opportunity for maximum tribal involvement in developing and managing programs to meet their health needs, The goal of the IHS is to raise the health level of American Indians and Alaska Native people to the highest possible level.

To carry out its mission and to attain its goal, the IHS:

(1) Assists Indian tribes in developing their health programs through activities including health management training, technical assistance, and human resource development;

(2) Facilitates and assists Indian tribes in coordinating health planning, in obtaining and utilizing health resources available through Federal, State, and local programs, in operating comprehensive health programs, and in health program evaluation;

(3) Provides comprehensive health care services, including hospital and ambulatory medical care, preventive and rehabilitative services, and development of community sanitation facilities, and

(4) Serves as the principal Federal advocate for Indians in the health care field to assure comprehensive health services for American Indians and Alaskan Natives.

2-2 FACILITIES AND ENVIRONMENTAL ENGINEERING

The Division of Facilities and Environmental Engineering (GAB4); is one of five divisions in the Office of Public Health.

Facilities and Environmental Engineering:

(1) Serves as the primary source of technical and policy advice for IHS direct, tribal, and urban public health programs on the full

scope of health care and sanitation facilities construction and management, environmental engineering, and realty services management;

(2) Develops objectives, priorities, standards, and methodologies, for the conduct and evaluation of environmental and facilities engineering activities;

(3) Maintains needs based workload methodology for equitable resource distribution; and

(4) Provides leadership, consultation, and staff development to assure functional and well maintained health care facilities, and the availability of water, sewer, and solid waste facilities.

INSERT

AREA
AND
SERVICE UNIT

ORGANIZATIONAL CHARTS

IN THIS SECTION

CHAPTER 4 - OFFICE ADMINISTRATION

4-1 INTRODUCTION

Good engineering and good maintenance are vital in a facility. The facilities engineering program has an impact on every other department at an installation. Success takes effort, detail and follow-up; systematic operation is the key to good management. The first task a facilities manager needs to undertake is to establish a set of operational procedures to organize, institutionalize, and centralize the facilities engineering program. An organized system makes operations more predictable and results in better control of the operation. Better control, in turn, improves effectiveness.

4-2 THE MANAGEMENT TEAM

The facilities manager is an integral part of the service unit management team. In addition to being in charge of the facilities engineering program, this management responsibility requires many non-technical skills, including establishing rapport and communication with other management team members. Dealing with the management hierarchy at a facility is therefore very important for the facilities manager.

A. DEALING WITH THE TOP MANAGEMENT TRIAD

(1) Service Unit Director (SUD)

The Service Unit Director (SUD) provides the primary leadership to the management team and is the individual ultimately responsible for all aspects of service unit operations. The responsibility and authority of the facilities manager is generally delegated by the SUD through the Administrative Officer (AO). Therefore, the role of the facilities manager is to provide engineering and management support to accomplish the directives of the SUD.

(2) Administrative Officer (AO)

Most of the dealings between the facilities manager and top management are generally through the administrative officer, who is generally the facilities manager's immediate supervisor. On occasions requests for work are directly received from the SUD. The AO must therefore be made aware of the decisions made and/or actions taken. This is particularly important if the decisions or actions will have an impact on the AO's responsibility. Good communication with your immediate supervisor will help make the AO your best ally.

(3) Clinical Director

The clinical director supervises the various clinical functions of the service unit. The clinical director may be the only clinically-oriented person that understands the administrative constraints under which the facilities manager has to operate. Occasionally, when a clinician wants his/her office remodeled the facilities manager must rely on the AO and/or the clinical director to mitigate the situation. They can not only cut the scope of the project, but also explain (with authority) to the clinical staff the time frames involved and the priorities of the service unit.

B. ADVISING AND RECOMMENDING

(1) The role of a facilities manager is to provide facilities support. Unless otherwise directed, the facilities manager should stay in his/her field of expertise: facilities.

(2) When presenting proposals, the facilities manager must remember that top management is not interested in details. Most proposals should always have at least more than one alternate method of accomplishing the end result. Two or three options are ideal and should be sufficient. Always prioritize your recommended options and be prepared to recommend one specific method and explain the reasoning (i.e., cost, time, disruptions, phasing) behind each proposal. The facilities manager should be ready to abandon a recommended proposal in favor of the one selected by top management. Remember, the strength of the facilities manager's proposal should be inversely proportional to the strength of the argument presented by top management for their preferred alternative.

DO NOT BE PERCEIVED AS RIGID AND INFLEXIBLE

C. IMPLEMENTATION AND COMMUNICATIONS - When setting deadlines for work that has been assigned to the facilities department, always account for plenty of time for implementation. Everyone will be happy if you finish ahead of time and the extra time will probably avoid headaches.

D. DEALING WITH THE CLINICAL STAFF - The clinical staff's primary purpose is to provide direct patient care. Facilities engineering provides indirect patient care, usually through support of the clinical staff and other administrative departments. Never dispute the clinical need for a request; it will only antagonize the clinical staff. Let the clinical director refute the medical decisions; he/she has the required background. Always be perceived as pleasant, willing to help, and easy to work with. If a few key members of the clinical staff support the facilities manager’s management style and end results, 90% of the job is done.

E. PEER RELATIONSHIPS - The majority of contacts outside the facilities program will be with other administrative staff

functions. The facilities manager must work very closely with finance and procurement on a daily basis. Therefore, a good working relationship with the individuals in those departments is essential to the daily operation of the facilities department.

(1) Some facility managers feel procurement just places orders and finance just pays the bills. In addition to paying bills, finance must account for every dollar allocated, prepare and justify all funding requests and obtain available discounts.

(2) Procurement on the other hand, must monitor the amount of regulations, and contractual obligations, and is generally the only department with authority to financially obligate the government.

(3) When dealing with another department, try to make it at the same peer level. Deal with the department head directly, not with the subordinates. This will avoid getting bogged down in the details of the duties of another department and help establish intra-departmental communication.

4-3 IMAGE OF FACILITIES ENGINEERING

A. PUBLIC RELATIONS - The facilities program is in a unique position to make a wide variety of contacts. From installation employees to vendors, suppliers, and contractors, the facilities program is in a position of constant public relations. Relationships with utility companies and material suppliers can set the tone for a positive public image. Public relations is very important to the program because of the many varied contacts.

B. RECEPTION - The answering of a telephone is the first contact most people have with the facilities department. Facilities managers should stress that contacts be courteous, expedient and helpful.

C. PROBLEM SOLVER - The facilities program is expected to solve a variety of technical problems and situations in the facility. Solutions must be thorough, thoughtful, and well presented so they may be understood by others who know nothing about engineering.

DON'T PASS A PROBLEM ON AS NOT BEING YOUR RESPONSIBILITY

The person calling with a problem may not be directing the question to the proper program, but they may feel that the facilities manager's involvement will help them. Helping the person find the solution is the best policy.

D. EXPEDITOR - Many of facilities engineering's actions depend upon other departments' involvement before facilities can accomplish its part in the end result (i.e., material may have to be procured). Facilities managers must therefore make sound and timely decisions and monitor the other department's actions in support of the facilities' workload for successful accomplishments without undue delays.

4-4 FILING SYSTEM

The filing system is the heart of a well organized facilities engineering operation. It allows the facilities manager to organize information for easy retrieval. A suggested file index is found in Exhibit 4-4-A to assist in developing a system for the facilities office. It is intended to be a model and can be modified to accommodate unique site conditions. Notice that the majority of items are required by accreditation bodies so that following the format will ensure that access to records is organized in such a manner that retrieval is simplified. The proposed filing system is not inclusive nor mandatory in the format outlined in the exhibit but it allows an option on the types of categories that should be looked into when organizing files.

A. FILE LABELS

(1) Files should be categorized by a general title and a sub-title.

For Example:

File Number	7.0200
File General Title	BUDGET
File Sub-Title	Requisitions (M&I)
File Date/Retention Time	FY 95 3 Yrs.

(2) A number in sequence is assigned to each general title to allow folders to be easily returned to the appropriate location. Numerical sequences are better than alphabetical because one does not have to hunt through the alphabet to decide where a folder belongs. In addition, the index doesn't have to be retyped every time a new file is created. In a numerical sequence you go to the end of the category when you start a new file.

(3) Every file label should contain the fiscal year which the correspondence, report., etc., inside the folder was generated to identify the contents in the folder. Folders should be maintained per fiscal year to allow easy disposal of records when appropriate.

(4) Each folder should contain all the information discussed above on the label so that is visually possible to track each file content.

4-5 RECORDS CONTROL AND DISPOSAL

A. AGENCY MANDATORY GUIDELINE - File management must be conducted in accordance with the IHS Records Management Program standards. IHS policy guidance was issued as Part 5, Chapter 15, of the Indian Health Service Manual. Facilities managers are required to establish and maintain an active continuing program for the economical and efficient management and control of all records. This calls for the organization, maintenance, use, and ultimate disposition of records.

B. FACILITIES GUIDELINE - In order to organize a records control program for the facilities department the IHS Manual records disposition schedule must be consulted. In the schedule are found some types of records which are used in the facilities engineering operation. Schedule V, Management Service, Section 9, Facilities Management is the main source of information needed for use in facilities. Different types of records disposal are under different schedules and sections (i.e., travel, finance, procurement, time cards etc.). The entire manual is therefore required to implement the total records control program.

C. RECURRING RECORDS CONTROL - On an annual basis (put it on the scheduling calendar) records need to be evaluated for disposal and new files for the upcoming fiscal year need to be set up. The best time to do this is during the summer just before the beginning of the new fiscal year.

4-6 STAFF MEETINGS

It is important that the facilities manager monitor and direct the activities of the facilities program through a variety of methods. One of these is face-to-face meetings with facilities staff. This can be an informal one-on-one meeting or a departmental meeting with all employees present. Whatever format is used, the purpose is to communicate specific ideas to the staff and/or receive feedback. The frequency of the meetings should be determined by the complexity of the operation, but they should be held at least monthly. The meetings should be organized so that they are held for a fixed amount of time. Lengthy meetings tend to become boring to the staff. Meetings should get to the point. A fixed agenda should be developed to ensure recurring topics are always covered. Discussions should be limited to what the staff needs to know. Topics may include work operation, procedural changes, service unit changes, safety training (mandatory), technical training (mandatory), staff changes and other items of importance to subordinates. Do not schedule too many meetings as they are burdensome to the staff and will serve no useful purpose in the long run.

4-7 STAFFING GUIDELINES

The current IHS facilities staffing guidelines are found in the IHS Resource Requirements Methodology Standards Reference Manual, Part VIII General Services and Plant Operations, Section B: Maintenance, and Section C: Engineering. This is the agency document used to staff installations. If the needs are different than the established criteria, then the facilities manager must be able to document the needs in order to justify additional positions. As a rule of thumb, new facilities are only staffed at 85% of the strength called for in the criteria. Therefore, as a facility gets older it will require more maintenance and in turn more staffing. Remember that staff is only necessary for work that is to be performed by in-house labor. Any work that is contracted out using service contracts (preventive maintenance, construction, some repairs, etc.) must not be taken into consideration when doing workload staffing calculations. Any time that work is required, and is not supported by in-house staff, it must be contracted out through service contracts requested in the annual Facilities Engineering Program Plan (FEPP). The facilities manager is responsible for informing management of any work that will not be accomplished when it is not approved through the FEPP. Remember, not accomplishing some work required by codes could jeopardize accreditation and may also violate law. Not having sufficient staff to accomplish the required workload is NOT a valid excuse.

4-8 SPACE MANAGEMENT

Space management is of vital importance to facilities personnel and is a good source of information when analyzing needs. Workloads are generally based in part on the area to be maintained. Space guidelines are based on inpatient, outpatient, grounds and other variables that relate to space. A data bank should be maintained for each department, functional area, and room number to use in accomplishing project development. However, the data must be kept updated so that it is always accurate.

4-9 PROGRAM PROCEDURES

It is necessary that written procedures be developed to outline program requirements and inform the staff of accepted procedures. This institutionalizes the facilities operation.

A. Some external bodies require certain written procedures to outline duties and responsibilities in the event of interference of services in the health care environment. Accreditation bodies require that procedures be in writing, reviewed annually and be disseminated among the appropriate staff with a need to know.

B. Other procedures are needed to assist staff in determining the organizational and administrative requirements of managing the department. Part 16 of this manual has sample procedures which can be adopted by the facilities manager to meet the requirements

of accreditation. Some of the procedures could be adopted by the IHS Area facilities offices as a "corporate procedure" for utilization by all the service units under its jurisdiction so that they all follow the same requirements. This allows institutionalization of the facilities program at the Area level and avoids having each service unit develop its own procedures.

EXHIBIT 4-4-A
FACILITIES ENGINEERING FILE INDEX

SAMPLE
FOR
JOINT FACILITIES AND BIOMEDICAL

ADMINISTRATION

1.0000 ORGANIZATION
1.0000 General
1.0100 Organizational Charts
1.0200 Functional Statements
1.0300 Goals and Objectives

2.0000 DELEGATIONS OF AUTHORITY
2.0000 General

3.0000 FACILITIES CORRESPONDENCE (TO AND FROM)
3.0000 General
3.0100 Nursing Service - Pawnee
3.0200 Dietetic Service - Pawnee
3.0300 Administration - Pawnee
3.0400 Outpatient - Pawnee
3.0500 Surgery - Pawnee
3.0600 Housekeeping - Pawnee
3.0700 Nursing Service - White Eagle
3.0800 Dietetic Service - White Eagle
3.0900 Administration - White Eagle
3.1000 Outpatient - White Eagle
3.1100 Surgery - White Eagle
3.1200 Housekeeping - White Eagle

3.5000 BIOMEDICAL CORRESPONDENCE (TO AND FROM)
3.0100 Nursing Service - Pawnee
3.0200 Dietetic Service - Pawnee
3.0300 Administration - Pawnee
3.0400 Outpatient - Pawnee
3.0500 Surgery - Pawnee
3.0600 Housekeeping - Pawnee
3.0700 Nursing Service - White Eagle
3.0800 Dietetic Service - White Eagle
3.0900 Administration - White Eagle
3.1000 Outpatient - White Eagle
3.1100 Surgery - White Eagle
3.1200 Housekeeping - White Eagle

4.0000 COMMITTEES AND CONFERENCES
4.0000 General
4.0100 Facilities Engineering Conference Calls

4.0200 Clinical Engineering Conference Calls
4.0300 Real Property Management Conference Calls
4.0400 Hospital Safety Committee
4.0500 Staff Meetings

5.0000 REPORTS
5.0000 General
5.0100 Energy Consumption - Pawnee
5.0200 Energy Consumption - Whiter Eagle
5.0300 FEPP Phase I - Pawnee
5.0400 FEPP Phase I - White Eagle
5.0500 FEPP Phase II - Pawnee
5.0600 FEPP Phase II - White Eagle
5.0700 Program Review - Pawnee
5.0800 Program Review - White Eagle
5.0900 Deep Look - Pawnee
5.1000 Deep Look - White Eagle
5.1100 JCAHO Site Survey - Pawnee
5.1200 JCAHO Site Survey - White Eagle
5.1300 Deep Look - Pawnee
5.1400 Deep Look - White Eagle
5.1500 Utility Incident Reports - Pawnee
5.1600 Utility Incident Reports - White Eagle
5.1700 Handicap Accessibility - Pawnee
5.1800 Handicap Accessibility - White Eagle
5.1900 Statement of Construction - Pawnee
5.2000 Statement of Construction - White Eagle
5.2100 Medical Gas System Evaluation - Pawnee
5.2200 Medical Gas System Evaluation - White Eagle

6.0000 BUDGET
6.0000 General
6.0100 Maintenance and Improvement - Pawnee
6.0200 Maintenance and Improvement - White Eagle
6.0300 Medicare and Medicaid - Pawnee
6.0400 Medicare and Medicaid - White Eagle
6.0500 Quarters Return - Pawnee
6.0600 Facilities Support - Pawnee
6.0700 Facilities Support - White Eagle
6.0800 Electric - Pawnee
6.0900 Electric - White Eagle
6.1000 Water/Sewer - Pawnee
6.1100 Water/Sewer - White Eagle
6.1200 Natural Gas - Pawnee
6.1300 Natural Gas - White Eagle
6.1400 Fuel Oil - Pawnee
6.1500 Fuel Oil - White Eagle
6.1600 Leases
6.1700 Salaries

7.0000 LEGISLATION (PUBLIC LAWS AND RELATED LEGAL OPINIONS)
7.0000 General

8.0000 PERSONNEL (FACILITIES/BIOMEDICAL)
8.0000 General

8.0100 Position Descriptions - Pawnee
8.0200 Position Descriptions - White Eagle
8.0300 Performance Appraisals - Pawnee
8.0400 Performance Appraisals - White Eagle
8.0500 Annual Leave Schedule
8.0600 Tours of Duty
8.0700 Disciplinary Actions
8.0800 Employee Suggestions

9.0000 TRAINING (FACILITIES/BIOMEDICAL)
9.0000 General
9.0100 Joe Smith
9.0200 Mary Begay
9.0300 Phil Running Bear
9.0400 Bernard Taylor
9.0500 Mike Lucas

10.0000 TRAVEL AND TRANSPORTATION
10.0000 General
10.0100 Travel Regulations
10.0200 Joe Smith

11.0000 CUSTODY RECEIPTS (FACILITIES/BIOMEDICAL)
11.0000 General
11.0100 Joe Smith
11.0200 Mary Begay
11.0300 Phil Running Bear
11.0400 Mike Lucas

12.0000 REQUISITIONS
12.0000 General
12.0100 M&I Funds - Pawnee
12.0200 M&I Funds - White Eagle
12.0300 FS Funds - Pawnee
12.0400 FS Funds - White Eagle
12.0500 M&M Funds - Pawnee
12.0600 M&M Funds - White Eagle
12.0700 H&C Funds - Pawnee
12.0800 H&C Funds - White Eagle

13.0000 MANAGEMENT CONTROL
13.0000 General
13.0100 Management Control - Pawnee
13.0200 Management Control - White Eagle

14.0000 HISTORICAL FILE
14.0000 General
14.0100 Property Deed - Pawnee
14.0200 Property Deed - White Eagle
14.0400 Agreement - Pawnee and Water Co.
14.0600 Agreement - White Eagle and Water Co.
14.0500 Agreement - Pawnee and Electric Co.
14.0700 Agreement - White Eagle and Electric Co.

15.0000 SAFETY
15.0000 General
15.0100 Protective Equipment
15.0200 Fire Incidents - Pawnee
15.0300 Fire Incidents - White Eagle
15.0400 Fire and Safety Evaluation - Pawnee
15.0500 Fire and Safety Evaluation - White Eagle
15.0600 Employee Accidents - Pawnee
15.0700 Employee Accidents - White Eagle
15.0800 Safety Alerts - Pawnee
15.0900 Safety Alerts - White Eagle
15.1000 Material Safety Data Sheets - Pawnee
15.1100 Material Safety Data Sheets - White Eagle
15.1200 Underground Tank Storage Assessments
15.1300 Fire Alarm (City Annunciator)
15.1400 Safety Goals
15.1500 Occupational Health and Safety Act (OSHA)
15.1600 Safety Plan - Pawnee
15.1700 Safety Plan - White Eagle

16.0000 INDUSTRIAL HYGIENE
16.0000 General
16.0100 Ethylene Oxide
16.0200 Asbestos
16.0300 Mercury
16.0400 Sound
16.0500 Formaldehyde
16.0600 Radon
16.0700 Antineoplastic
16.0800 Hard Metals (Dental)
16.0900 Radiation
16.1000 Ventilation
16.1100 Infection Control

17.0000 ENERGY
17.0000 General
17.0100 Energy Audit - Pawnee
17.0200 Energy Audit - White Eagle

18.0000 WORK ORDERS (FACILITIES)
18.0000 General
18.0100 Electrical - Pawnee
18.0200 Electrical - White Eagle
18.0300 Plumbing - Pawnee
18.0400 Plumbing - White Eagle
18.0500 Carpentry - Pawnee
18.0600 Carpentry - White Eagle
18.0700 HVAC - Pawnee
08.0800 HVAC - White Eagle
18.0900 Mechanical - Pawnee
18.1000 Mechanical - White Eagle
18.1100 Painting - Pawnee
18.1200 Painting - White Eagle
18.1300 Masonry - Pawnee
18.1400 Masonry - White Eagle

18.1500 Grounds - Pawnee
18.1600 Grounds - White Eagle
18.1700 Non-Maintenance Duties - Pawnee
18.1800 Non-Maintenance Duties - White Eagle

19.0000 WORK ORDERS (QUARTERS)
19.0000 General
19.0100 Electrical - Pawnee
19.0200 Plumbing - Pawnee
19.0300 Carpentry - Pawnee
19.0400 HVAC - Pawnee
19.0500 Mechanical - Pawnee
19.0600 Painting - Pawnee
19.0700 Masonry - Pawnee
19.0800 Grounds - Pawnee
19.0900 Non-Maintenance Duties - Pawnee

20.0000 WORK ORDERS (BIOMEDICAL)
20.0000 General
20.0100 Surgical Suite - Pawnee
20.0200 Recovery - Pawnee
20.0300 ICU - Pawnee
20.0400 Delivery - Pawnee
20.0500 Emergency Room - Pawnee
20.0600 Patient Room - Pawnee
20.0700 Dental - Pawnee
20.0800 Dental - White Eagle
20.0900 Clinical Laboratory - Pawnee
20.1000 Clinical Laboratory - White Eagle
20.1100 Physical Therapy - Pawnee
20.1200 Radiology - Pawnee
20.1300 Radiology - White Eagle
20.1400 Outpatient - Pawnee
20.1500 Outpatient - White Eagle
20.1600 Physical Therapy - White Eagle

21.0000 SERVICE CONTRACTS (FACILITIES)
21.0000 General
21.0100 Medical Gases - Pawnee
21.0200 Boiler Inspections - Pawnee
21.0300 Boiler Inspections - White Eagle
21.0400 HVAC Controls - Pawnee
21.0500 HVAC Controls - White Eagle
21.0600 Fire Extinguishers - Pawnee
21.0700 Fire Extinguishers - White Eagle
21.0800 Fire Alarm - Pawnee
21.0900 Fire Alarm - White Eagle
21.1000 Electrical Switchgear - Pawnee
21.1100 Electrical Switchgear - White Eagle
21.1200 Emergency Generator - Pawnee
21.1300 Emergency Generator - White Eagle

22.0000 SERVICE CONTRACTS (QUARTERS)
22.0000 General
22.0100 Boiler Inspections - Pawnee

22.0200 HVAC Controls - Pawnee
22.0300 Fire Extinguishers - Pawnee
22.0400 Electrical Switchgear - Pawnee

23.0000 SERVICE CONTRACTS (BIOMEDICAL)
23.0000 General
23.0100 Tomography - Pawnee
23.0200 ICU Monitors - Pawnee
23.0300 Centrifuge - Pawnee
23.0400 Centrifuge - White Eagle
23.0500 Portable X-Ray - Pawnee
23.0600 Portable X-Ray - White Eagle
23.0700 Coulter Cell Counter - Pawnee
23.0800 Coulter Cell Counter - White Eagle
23.0900 Blood Gas Analyzer - Pawnee
23.1000 Blood Gas Analyzer - White Eagle
23.1100 Microscope - White Eagle
23.1200 Microscope - Pawnee
24.1300 Dental Panaflex - Pawnee
23.1400 Dental Panaflex - White Eagle

24.0000 INSPECTIONS AND TESTS (FACILITIES)
24.0100 General
24.0200 Boilers - Pawnee
24.0300 Boilers - White Eagle
24.0400 Medical Gases - Pawnee
24.0500 Air Balancing - Pawnee
24.0600 Air Balancing - White Eagle
24.0700 Fire Alarm - Pawnee
24.0800 Fire Alarm - White Eagle
24.0900 Fire Sprinklers - Pawnee
24.1000 Fire Sprinklers - White Eagle
24.1100 Fire Hydrant - Pawnee
24.1200 Standpipe/Hose System - Pawnee
24.1300 Fire Pump - Pawnee
24.1400 Isolation Transformer - Pawnee
24.1500 Emergency Generator - Pawnee
24.1600 Electrical Switchgear - Pawnee
24.1700 Electrical Switchgear - White Eagle
24.1800 Reverse Osmosis - Pawnee
24.1900 Medical Gases - Pawnee
24.2000 Blood Bank Alarm - Pawnee
24.2100 Underground Tank Monitoring - Pawnee
24.2200 Underground Tank Monitoring - White Eagle
24.2300 Receptacles - Pawnee
24.2400 Automatic Hood Extinguisher - Pawnee
24.2500 Fire Extinguisher - Pawnee
24.2600 Fire Extinguisher - White Eagle
24.2700 Emergency Showers - Pawnee
24.2800 Emergency Showers - White Eagle
24.2900 Potable Water - Pawnee
24.3000 Potable Water - Pawnee
24.3100 Temperature/Humidity - Pawnee
24.3200 Chillers - Pawnee
24.3300 Cooling Tower - Pawnee

25.0000 INSPECTIONS AND TESTS (BIOMEDICAL)
25.0000 General
25.0100 Medical Gases - Pawnee
25.0200 Conductive Floor - Pawnee
25.0300 Line Isolation Monitors - Pawnee
25.0400 Electrical Ground - Pawnee
25.0500 Ventilators - Pawnee
25.0600 PIPU Panels - Pawnee
25.0700 Defibrilators - Pawnee

26.0000 PREVENTIVE MAINTENANCE (FACILITIES)
26.0000 General
26.0100 Electrical - Pawnee
26.0200 Electrical - White Eagle
26.0300 Air Conditioning - Pawnee
26.0400 Air Conditioning - White Eagle
26.0500 Refrigeration - Pawnee
26.0600 Refrigeration - White Eagle
26.0700 Plumbing - Pawnee
26.0800 Plumbing - White Eagle
26.0900 Heating - Pawnee
26.1000 Heating - White Eagle
26.1100 Ventilation - Pawnee
26.1200 Ventilation - White Eagle
26.1300 Boilers - Pawnee
26.1400 Boilers - White Eagle
26.1500 Microwave Ovens - Pawnee
26.1600 Microwave Ovens - White Eagle
26.1700 Protective Equipment - Pawnee
26.1800 Protective Equipment - White Eagle
26.1900 Incinerator - Pawnee
26.2000 Chillers - Pawnee

27.0000 PREVENTIVE MAINTENANCE (BIOMEDICAL)
27.0000 General
27.0100 Defibrilators - Pawnee
27.0200 Defibrilators - White Eagle
27.0300 Laminar Flow Hood - Pawnee
27.0400 Laminar Flow Hood - White Eagle
27.0500 Dental Chairs - Pawnee
27.0600 Dental Chairs - White Eagle
27.0700 Dental Vacuum - Pawnee
27.0800 Dental Vacuum - White Eagle
27.0900 Film Developer - Pawnee
27.1000 Film Developer - White Eagle
27.1100 Portable X-Ray - Pawnee
27.1200 Portable X-Ray - White Eagle
27.1300 De-Ionize Water - Pawnee
27.1400 De-Ionize Water - White Eagle
27.1500 Hemodialysis - Pawnee
27.1600 Hemodialysis - White Eagle

28.0000 WASTE MANAGEMENT
28.0000 General
28.0100 Waste Management Plan - Pawnee

28.0200 Waste Management Plan - White Eagle
28.0300 Hazardous Materials - Pawnee
28.0400 Hazardous Materials - White Eagle
28.0500 Hazardous Waste Manifests - Pawnee
28.0600 Hazardous Waste Manifests - White Eagle
28.0700 Hazardous Waste Permits - Pawnee
28.0800 Hazardous Waste Permits - White Eagle

29.0000 DISASTER PREPAREDNESS
29.0000 General
29.0100 Disaster Plan - Pawnee
29.0100 Disaster Plan - White Eagle

30.0000 CONSTRUCTION PROJECTS
(LIST EACH PROJECT BY THE 10 DIGIT NUMBER USED IN THE FEPP)

30.0000 General
30.0100 Renovate Surgery/OK2PA004H6
30.0200 Replace Boilers/OK62PA19H7
30.0300 Replace Roof B101/OK4WED011H6
30.0400 Remodel Outpatient/OK4WE002H6
30.0500 Replace HVAC B99/OK4PA012H6
30.0600 Replace Emergency Generator/OK5PA001H4

31.0000 OFFICE FORMS
31.0000 General
31.0100 Travel Voucher
31.0200 Work Order
31.0300 Equipment Card
31.0400 Application for Leave

CHAPTER 5 - FINANCIAL MANAGEMENT

5-1 INTRODUCTION

A. All facilities engineering programs require expenditures for the upkeep of property and equipment. Each program element associated with the facilities program has a dollar value for a given year. If funding limitations were non-existent there would be no need to consider the cost of each individual financial activity and its impact on the overall program. In reality there are limits to the availability of resources for maintenance. Applying these limited resources for the greatest benefit is a challenge to a facilities manager.

B. The cost of all activities must be understood and predicted as far in advance as possible, in order to exercise reasonable control over the facilities program. One essential element needed to establish a recurring budget is a historical base. If the amount of funds spent in each activity the prior year is known, the facilities manager could reasonably estimate the cost for the following year with adjustments for known or suspected factors. When the activities are predicted, the facilities manager is able to make reasonably accurate decisions regarding the work that should be done, must be done, or that which can be delayed.

C. Cost accounting for each activity provides data which can be used to estimate whether year-to-date activities are proceeding within budgets. Budget planning is based on the Federal fiscal year which spans October 1 of each calendar year to September 30 of the following calendar year. The total amount of all known activities that must be accomplished in addition to the estimate of those which may occur is the facilities budget for a given year. Budgets are prepared for an annual operating cycle.

D. The mastering of an effective budgeting and accounting program is essential for day-to-day operation of the facilities department. There are many methods that can be used, but the end result must be the same. Identifying the financial needs, documenting and requesting appropriate funding, adjusting to what was assigned and living within the budget is good management.

5-2 DEFINITIONS

ADVICE OF ALLOWANCE - Administrative procedure that transfers or forwards funding for use by Areas or Service Units.

ACTIVITY - A coding structure level that identifies one division below an appropriation, e.g., Maintenance and Improvement.

APPROPRIATION - An act of Congress that permits Federal agencies to incur obligations and to make payments out of the Treasury for specified purposes. Appropriations are categorized in a variety of ways, such as their period of availability (one-year, multiple-year, no-year).

ALLOCATION - The amount of obligational authority transferred to one agency, bureau, or account to carry out the purpose(s) of the parent appropriation fund.

ALLOTMENT - The amount delegated by the agency head or other authorized official of the agency for IHS Areas to incur obligations within a specified amount. Area Offices further delegate allotments to the service units for the same purpose(s) the funds were intended.

ALLOWANCE - Funding amount to cover requirements, e.g., maintenance and Improvement (M&I) allowance.

APPROPRIATION LANGUAGE - Legislative language in an appropriation bill which specifies the purposes and amount for which funds provided under an appropriation may be used and includes any specific provision (like limitations) applicable to the use of the funds.

ADJUSTMENT - Increase or decrease to an obligation due to costs not clearly defined at time of obligation, e.g., freight costs.

BUDGET PLAN - Anticipated quarterly distribution of each sub-sub-activity with or without object classification and/or cost centers.

BUDGET PROCESS - The process of formulating the recurring funds required in the various elements in facilities, (e.g. utilities, bench stock, operating supplies/services, training, equipment replacements, service contracts, preventive maintenance, maintenance and repairs of building service and non-clinical equipment (personal property), projects, and maintenance and repairs to real property).

BUDGET AMENDMENT - A proposal, submitted to the Congress by the President after his formal budget transmittal but prior to completion of appropriation action by the Congress, that revises previous requests, such as the amount of budget authority.

BUDGET AUTHORITY - Authority provided by law to enter into obligations which generally result in immediate or future outlays of government funds.

BILL OF COLLECTION (SF-1114) - The form used to charge an employee, vendor or public for the loss of government property, e.g., keys, the cost of damage imposed on government property such as the result of a report of survey or any action resulting in the need for compensation to the government.

COST CENTER - Three digit numerical code defining the purpose of procurement of an individual item(s) or services. Cost centers are sub-divisions of object classes.

COST ACCOUNTING - A plan, including methods, procedures, and forms for recording, classifying, summarizing, reporting, verifying, analyzing and interpreting financial data for the purpose of prompting control and administration.

COMMITMENT REGISTER - A log of individual accounting transactions which displays the status of ongoing procurement obligations, procurement in progress (commitments) and other data to ascertain status of funds at any time period for each account. Registers should contain at a minimum: transaction number, date of transaction, description of transaction, commitment amount, obligation amount, adjustments, and balance.

COMMITMENT - Entry for a particular transaction. It is an estimated amount of procurement by facilities. This amount may be higher or lower than the obligated amount by the procurement department. It is adjusted by facilities management upon receipt of a purchase order from the procurement department.

CAPITALIZATION - Cost accounting procedure that increases the value of the real property, e.g., improvements to the structure.

COMMON ACCOUNTING NUMBER (CAN) - The CAN consists of a seven digit code composed of three segments. CAN numbers are always proceeded by a numeric code identifying the fiscal year funds were appropriated,

e.g. 1J952520.

1 Identifies the fiscal year, in this example FY 91

J Identifies the agency, in this example IHS

95 Identifies the accounting point, in this example Headquarters

2520 Identifies an accounting classification within each accounting point, in this example 2500 is Office of Environmental Health and Engineering (OEHE), 2520 is the Division of Facilities Management (DFM) within OEHE

CERTIFICATION OF FUNDS - Administrative procedure of forwarding authority to another agency, department, or unit that funds have been "reserved" for a particular use, e.g. architect/engineer contract, construction obligation, change order, etc.

DEFICIT (BUDGET) - The amount the commitment exceeds the initial funding authority or balance for any given period.

CONTINUING RESOLUTION - Legislation enacted by Congress to provide limited budget authority in cases where the fiscal year appropriation has not been enacted by the beginning of the fiscal year (October 1).

DISBURSEMENTS - Payments made less refunds received.

EXPENDITURES - Total obligations for any given period.

ENTRY - Individual commitment register line item and all pertinent data associated with the procurement of the item, e.g., date, description, committed amount, etc.

FISCAL YEAR - Beginning with Fiscal Year 1977, fiscal years for the Federal Government begin on October 1 and end on September 30. The fiscal year is designated by the calendar year in which it ends, e.g. Fiscal Year 1991 is the fiscal year ending September 30, 1991.

MULTIPLE YEAR APPROPRIATION - An appropriation which is available for a specified period of time in excess of one fiscal year, e.g., Medicare/Medicaid.

NO-YEAR APPROPRIATION - An appropriation which remains available for obligation for an indefinite period of time, usually until the objectives have been attained, e.g., Maintenance and Improvement.

NON-RECURRING (FUNDS) - Funds that have been identified for a specific purpose; however, the determination of who will use them or how much cannot be determined beforehand.

OBLIGATIONS - Amounts of orders placed, contracts awarded, services rendered, or other transaction made by the Federal government during a period which will require payment during the same or future period. Obligations can only be conducted by procurement employees duly authorized as agents of the government.

ONE-YEAR (ANNUAL) APPROPRIATION - An appropriation which is available for obligation during a specified fiscal year and expires at the end of that year. This is the most common form of budget authority, e.g., Clinical Services.

OBJECT CLASSIFICATION - A uniform numerical classification identifying the transactions of the Federal government by the nature of the goods or services purchased, e.g., hospital supplies and materials is object class 26.11.

PROJECTIONS - Estimates of budget authority that extend several years into the future. Projections are not usually firm estimates of what will occur in future years.

REAPPROPRIATION - Congressional action to restore or extend the obligational availability, whether for the same or different purposes, of all or part of the unobligated portion of budget authority which otherwise could lapse.

REIMBURSEMENTS - Sums received for exchange of goods (trade-in) or services furnished that are authorized by law to be credited directly to a specific account. The amounts are deducted from the total obligations incurred in determining the balance for the account.

RECURRING (FUNDS) - Funds necessary to sustain known existing daily operations on a continuous basis, e.g., utilities, bench stock, and maintenance.

REPROGRAMMING - The utilization of funds for purposes other than those contemplated at the time of the appropriation. A reprogramming action is the reallocation of funds within an appropriation from one budget activity to another, or, in some cases, within the same budget activity. If an Appropriations Committee specifies the allocation of an appropriation below the activity level, that more detailed level is the basis for reprogramming. Reprogramming requires consultation between the agency and the appropriate congressional committee. It involves formal notification and, in some instances, opportunity for disapproval by the congressional committee.

SURPLUS (BUDGET) - The amount by which the initial funding authority or balance exceeds the obligation for any given period.

SUPPLEMENTAL APPROPRIATION - An appropriation enacted as an addition to a regular annual appropriation act. Supplemental appropriation provide additional budget authority beyond original estimates for programs or activities for which the need for funds is too urgent to be postponed until the next regular appropriation.

SUB-ACTIVITY - A coding structure level that identifies one division below the activity, e.g., IHS health delivery is a sub-activity of the clinical services activity. The sub-activity is used to account for an allowance of funds made for that purpose and to record obligations and expenditures against the allowance to ensure controlled spending limitations.

SUB-SUB-ACTIVITY - A coding structure level that identifies two divisions below an activity, e.g, operational supplies is a sub-sub-activity of the maintenance and Improvement activity. The sub-sub-activity is used to account for an allowance of funds made for that purpose and to record obligations and expenditures against the allowance to ensure controlled spending limitations.

UNAUTHORIZED EXPENSE - Occurs when supplies, services or materials are received by the government prior to submitting a requisition to the procurement department. This is a serious deficiency, with the employee been held liable for the unauthorized expense.

5-3 BUDGET PROCESS

A. FEDERAL BUDGET - The Federal budget is based on a three phase cycle. Phase I, the budget formulation phase requires two years to accomplish. Phase II, the budget execution phase requires one year. Phase III, the budget review and audit phase occurs beyond the budget year. The magnitude and complexity of the government requires the budget to take three years to process. Facilities managers need to be aware of the budget formulation and budget execution phases only. On the short term facilities

managers are only concerned with formulating a budget one year at a time through submission of the Facilities Engineering Program Plan (FEPP). This is a planning document that is submitted annually and due in Headquarters August 1 of each year. It outlines the estimated requirements for the following year. Other activities that he/she may interface with (e.g. new facility, replacement of high cost equipment) require knowledge of the overall Federal budget due to the length of time that is necessary to approve and fund a project.

B. FACILITIES SERVICE UNIT BUDGET - Each service unit prepares a FEPP which outlines the various elements which make up the facilities operations and maintenance budget for a particular service unit. This request contains the facilities needs for all installations under the jurisdiction of each service unit, and eligible tribal installations. Volume VI of the Technical Handbook for OEHE, Part 71 is dedicated exclusively to the FEPP guidelines, requirements, and instructions for submission.

C. FACILITIES AREA BUDGET - Each Area office prepares a consolidation of all the FEPP requests received through the service units and eligible tribal installations under its jurisdiction. Since requests typically exceed the congressional appropriation, the requests are prioritized at the Area level as the approved funding is not known at the time of the FEPP preparation. Headquarters advises the Areas to plan the FEPP based on the previous year's funding plus an escalation amount which the Areas are informed of on an annual basis. Routine activities such as bench stock, real property equipment replacements, training, local projects, and service contracts for each service unit or eligible tribal installations should be guaranteed. The distribution of the routine activities should be determined before construction projects are selected. The balance of the funding left after the routine activities distribution is then used to determine the extent of projects funded when the approved budget allocation is known.

5-4 APPROPRIATIONS

The IHS financial management system includes the following appropriations and activities which are used, in part, to administer the facilities engineering program.

A. HOSPITAL AND CLINICS (H&C)

Appropriation Number 75_0390
Budget Activity: Clinical Services, IHS Operated
Sub-activity: IHS Health Delivery
Sub-sub-activity: Hospital and Clinics (H&C)

(1) The blank space in the appropriation number shown above is the last digit of the fiscal year when the appropriation was approved by Congress (i.e., for fiscal year 1991 the appropriation number is 751<u>0</u>390). This type of funding must be obligated by IHS during the fiscal year it is appropriated or it will be withdrawn back to the Federal treasury. Tribal facilities under P.L. 93-638 contracts however, can carry over H&C funds. Carry over means the funding can be continued to be utilized until it is all expended.

(2) The H&C sub-sub-activity is utilized by the facilities engineering program for the purchase of replacement or new additional personal property equipment (e.g., lawn mowers, snow blowers, window air conditioners, dishwashers.)

B. <u>INDIAN HEALTH FACILITIES</u>

Appropriation Number 75<u>X</u>0391

(1) **Budget Activity: Maintenance and Improvement**

a. The X in the appropriation number is the last digit of the fiscal year when the appropriation was approved by the Congress. This funding is often referred to as X funds. This funding can be carried over from year to year until it is completely obligated. It is not withdrawn back to the Federal treasury at the end of the fiscal year it was appropriated.

b. The facilities engineering program utilizes funding for this activity for:

* Maintenance and repair of real property, (e.g., service contracts, parts, bench stock, repair and maintenance supplies and materials, and expendable tools) performed by facilities engineering employees.

* Training (including travel and tuition) of maintenance personnel in topics which are directly related to the performance of duties in maintenance and repair of real property.

* Improvement projects which expand real property building systems, e.g., electrical, plumbing, fire protection.

* Administrative and/or clinical program improvements accomplished with this funding are limited to 5% of the funds earmarked for construction projects.

* Pest control required for structural protection of a facility (i.e., termite protection).

c. M&I funds may **NOT** be expended for the maintenance and repair of personal property equipment, for salaries of permanent and temporary staffing, or for expenditures of operational activities.

(2) **Budget Activity: Facilities and Environmental Health Support**

a. This budget activity provides funds salaries of all EHE personnel staffing at Headquarters, Area offices, district offices, service units and Engineering Services Seattle/Dallas (IHS only).

NOTE:
All EHE includes sanitarians, sanitation facilities construction, facilities engineering, clinical engineering, and planning personnel.

b. Utilities.

c. Personal property clinical equipment repair parts, materials, and service contracts.

d. Some personal property non-clinical equipment repair parts, materials, and service contracts (e.g., dishwashers, bed pan washers, sterilizers).

NOTE:
Communication (telephone) and computer systems repair parts, materials, and service contracts are included under the H&C sub-subactivity.

e. Operational activities such as the handling and disposal of solid and hazardous wastes; pest control required for infection control protection (i.e., flies, rodents); the upkeep of grounds (i.e., mowing and trimming, application of fertilizers and chemicals, snow and ice removal, pavement sweeping); and the supplies and materials related to these "operational" activities (i.e., chemicals for water treatment/cooling towers, fuels for mowers, lubricants, light bulbs, filters, spark plugs, tires).

C. MEDICARE/MEDICAID (M&M)

Appropriation number 75_/_0390
Budget Activity: Medicare/Medicaid (M&M)

(1) This funding must be obligated within three years. The blank spaces in the appropriation number are the last digits of the first and third fiscal year during which the funds must be obligated.

(2) Appropriation language normally permits the IHS to utilize M&M reimbursements to perform repairs to correct deficiencies listed by medicare/medicaid inspections and to

comply with accreditation requirements. M&M funds may be utilized for new facilities or major renovation projects within certain limitations. See Volume II, Design and Construction of the Technical Handbook for EHE for more details on the use and limitations of M&M funds in construction.

D. QUARTERS RETURN (QR)

Appropriation number 75X5071
Budget Activity: Quarters

(1) These funds are not congressionally appropriated. However, they are assigned an appropriation number to allow tracking in the IHS financial network. The funds are in reality collected from rents and other charges for the occupancy of government quarters and deposited into a special account referred to as QR fund. The "X" character in the appropriation number stands for no year funds which allows them to be carried over from one fiscal year to the next until totally expended. It is IHS policy that QR funds will be returned to the Area Office from which they were collected.

(2) The following are allowable and non-allowable uses of QR funds as they relate to the facilities engineering program:

a. QR funds may be expended only for the maintenance and repair (including alterations) of quarters. If a quarters unit is not being utilized as a quarters (e.g., a quarters unit has been converted into an administrative office), these funds may not be used for this unit.

b. QR funds may be expended for appliances, and furnishings (i.e., curtains, carpet, venetian blinds) required for units designated as quarters.

c. QR funds may be expended to train (including travel and tuition) personnel in topics which are directly related to the Quarters Management Program.

d. QR funds may not be utilized for maintenance and repair of the health care program buildings.

(3) QR funds may be expended for overhead (i.e., management of the Quarters Tracking Information System such as computer equipment and supplies) directly associated with the quarters management program. If some overhead is shared with other programs or functions in addition to quarters, the overhead attributable to the quarters program must be documented and prorated accordingly.

5-5 COST ACCOUNTING

A. The facilities budget should be managed by separate activities each corresponding to that funding authorization.

These activities should be assigned as follows:

Maintenance and Improvements	M&I
Quarters Return	QR
Medicare and Medicaid	M&M
Facilities Support	FS

B. Each of these activities should be kept on a separate commitment register to allow tracking of funds. Within each activity are numerous functions which are unique in identifying facilities engineering workload and historical data. A mechanism should be developed to track these functions within each activity.

5-6 FORECASTING A BUDGET

A. UTILITIES - Consumption of each utility should be tracked historically by magnitude and cost. It should be reviewed for past years and estimated for future years for budgeting purposes. A tabulated historical data base should be kept on each utility by month.

The following considerations should be analyzed:

(1) Increase or decrease in building space which could affect utility usage.

(2) Addition of any high energy usage equipment.

(3) Implementation of energy conservation projects or actions which might reduce utility costs.

(4) Local utility companies should be contacted to obtain anticipated rates for the coming year. After the above data is reviewed each utility should be estimated by consumption and cost.

(5) Verification of utility invoice.

(6) Reading of meters by facilities personnel.

. ROUTINE MAINTENANCE - An analysis of the adequacy of funds available the previous year and any shortages should be re-evaluated.

Consideration should be given to:

(1) Any new or additional real property equipment or system that may require maintenance.

(2) Any new or additional real property equipment that has been installed which will be out of warranty the upcoming year and will require a service contract.

(3) Review of the preventive maintenance schedule to evaluate if such real property equipment should be performed on contract due to lack of or recent reduction in maintenance staffing. Consider additional non-maintenance duties recently added which will affect the workload previously accomplished.

(4) Any repair to the real property which will require a project.

(5) Adequacy of bench stock funding which may need to be altered due to changes resulting in current routine maintenance and the amount of emergency maintenance.

(6) Equipment that should be deleted from existing service contracts because it has or will be turned in for disposal.

(7) Staff training needs that require scheduling due to new equipment technology or new employee training.

(8) Review existing service contracts.

(9) Review the real property equipment five year replacement schedule to determine if any high cost items are scheduled for replacement.

(10) Evaluate the need for customary or anticipated overtime needs

C. CONSTRUCTION - An analysis of the Facilities and Equipment Deficiency System (FEDS) data bank should be performed to determine which task or tasks need to be combined to develop projects. In addition, consideration should be given to ensuring that projects are scheduled for design one fiscal year and construction accomplished the following year. This will allow flexibility in "phasing" A/E design and construction over two fiscal years instead of one. Procurement timing constraints make it impossible to advertise, select and award A/E and construction the same fiscal year.

D. FACILITIES SUPPORT - An analysis of the previous year expenditures should be conducted.

Consideration should be given to:

(1) Service contracts such as pest control (non structural), snow removal, grounds upkeep, sweeping of parking lots, personal property, water softening.

(2) Purchase of chemicals and supplies that are not an eligible expenditure of M&I funds, e.g., boiler/cooling tower chemicals.

(3) Temporary staffing that may be required to accomplish scheduled work for the coming year.

E. PERSONNEL QUARTERS - An analysis of the adequacy of QR funds available the previous year and any shortages should be conducted.

Consideration should be given to:

(1) Any new or additional equipment (building service and/or personal property) which may require additional maintenance.

(2) New equipment that is being installed which will be off warranty from next year on and will require a service contract.

(3) Complex equipment that is being installed which will require a service contract to maintain.

(4) Review of the preventive maintenance schedule to evaluate if such equipment should be performed on contract due to lack of or recent reduction in maintenance staffing. Consider additional non-maintenance duties recently added which will affect the workload previously accomplished.

(5) Any repair to the real property which will require a project.

(6) Adequacy of bench stock funding which may need to be altered due to changes resulting in current routine maintenance and the amount of emergency maintenance.

(7) Equipment that should be deleted from contract because it will or has been turned in for disposal.

(8) Staff training needs that require scheduling due to new equipment technology, or new employee orientation.

(9) Review of maintenance staffing and workload to evaluate the need to hire temporary labor to perform some or all of the quarters maintenance; or a decision to use service contracts.

(10) Review of existing service contracts.

(11) Review the real property equipment five year replacement schedule to determine if any high cost items are scheduled for replacement.

(12) Evaluate the need for customary or anticipated overtime needs

F. MEDICARE AND MEDICAID - Although Headquarters OEHE/DFM is not the approving authority for expenditure of M&M funding, proper

utilization of their intent needs to be considered during the budget planning process.

G. STAFFING - Good budgeting requires that an analysis of staffing requirements for the facilities management program be conducted to compare required staffing against the available assigned staffing. This analysis enables the determination of budget parameters which affect the program. Requests for temporary staffing or requirements for service contracts to accomplish the workload must be incorporated into the budget.

5-7 FUND OBLIGATIONS

A. DEPARTMENT OF HEALTH AND HUMAN SERVICES PURCHASE/STOCK REQUISITION FORM HHS-393 - This is the form used in IHS to requisition supplies, materials, equipment and services. The procurement department issues a purchase order based on the requisition information submitted by the facilities manager. An entry must be made for each requisition in a commitment register kept for each fund control activity.

B. ISSUE BOOKS - Issue books are used to procure frequently used GSA supplies stocked in a central warehouse. The issue book can be utilized weekly, monthly or quarterly. The supply department is responsible for procurement of the supplies for your department. The issue book is completed and submitted in lieu of a requisition. Your appropriate fund control account is charged by the finance department upon your receipt of the items ordered.

C. BLANKET PURCHASE ORDERS - These are a method of procurement which will allow you to purchase small miscellaneous items with local vendors against a pre-approved purchase orders issued by the procurement department. Blanket purchase orders are drawn against an approved maximum ceiling and are invoiced on a pre-arranged cycle, e.g. monthly, quarterly. Receiving reports signed by the employee picking up the material must be returned to the facilities manager to account for all transactions when the invoice is received.

D. BILL OF COLLECTION SF 1114 - This is a method used to charge employees or vendors for costs due the government, e.g., damage to real property. Bills of collection are numbered by the fiscal year in which they are issued. Bills of collection are not sent to the procurement department but rather to the finance department for appropriate action.

E. UNAUTHORIZED PURCHASES - Procurement employees are the only individuals authorized to commit the government for purchase of supplies or services from commercial firms. Any other IHS employee making unauthorized commitments may be held liable for the amount of the obligation. Any individual who makes an unauthorized purchase during an emergency should furnish the procurement office with all records and documents concerning the

purchase, including a detailed explanation and justification for the purchase. The procurement office will review the information and forward a recommendation to the SUD for disposition. It is advisable that facilities managers receive a delegation of authority for unauthorized purchases to be used during emergencies, i.e., Saturdays, Sundays and Holidays.

F. SUMMARY - At times, no matter how well you have planned, events happen that could not have been anticipated. For example, a critical piece of equipment fails and there aren't sufficient funds in your local budget to cover the repair or replacement of the equipment. A plan of action needs to be developed to correct the situation.

(1) If the repairs are appropriate to the expenditure of M&I funds the facilities manager must contact the Area facilities engineer and request supplemental funding.

(2) It may be decided that the repairs can be postponed until the beginning of the next fiscal year when funding of M&I is again available.

(3) It may be decided that the repairs are significant enough to elect to postpone an approved and funded project and use those funds to correct the situation.

(4) If the repairs are not appropriate for the expenditures of M&I funds you must discuss the situation with your finance office and the SUD to utilize other legal funding sources.

(5) In all cases the SUD and the AO must be appraised of the situation. It is important to remember that the decision for the action plan must be discussed with and understood by all parties involved.

5-8 ELIGIBILITY OF FUNDS

A. The methodology used to calculate and distribute the M&I funding to each eligible facility is based on the "Oklahoma" formula and modified by the Areas as required. The formula was developed at the University of Oklahoma to calculate the annual funding needed to maintain a facility. The calculation of the allocation for each installation is described in detail further in this chapter. Abbreviations used for terms in this section may represent headings used to designate terms in tables or exhibits or correspond to abbreviations used in the FEDS database.

B. Table 5-7 below outlines the eligibility for M&I funds based on facility ownership and the operator of the program.

(1) Tribally owned facilities leased by the IHS are not eligible for projects if the lease includes a "sinking fund" for building improvements and replacements.

(2) "Contract" - Indicates a P.L. 93-638 contract for the operation of an IHS health program.

(3) "437 Lease" - Indicates a P.L. 94-437 lease between the IHS and a tribe. Facilities leased under this type of lease are eligible for M&I, however, the lease will be offset by the amount of M&I; funding (not to exceed 50% of the amount calculated by the Oklahoma Formula) allocated. The balance will be funded from the same source as the lease. The lease shall not include any cost for improvement, depreciation, or capitalization, since the space will be eligible for projects from the IHS.

(4) "Lease" - A lease between the IHS and a third party. A tribe leasing space from another tribe is considered a third party lease. The lease with a third party will include all maintenance, depreciation, and capitalization costs for the space and will not be eligible for any additional separate M&I funding.

TABLE 5-8
M&I FUNDING ELIGIBILITY

TYPE CODE	FUNDING FOR PROGRAM	OWNER OF BUILDING	OPERATOR OF PROGRAM	TYPE	SOURCE OF FUNDS		ELIGIBILITY FOR M&I PROJECTS	
					M&I	FS	AREA	NATIONAL M&I
A	IHS	IHS	IHS	DIRECT	X		YES	YES
B	IHS	IHS	TRIBE	CONTRACT	X		YES	YES
C	IHS	TRIBE	IHS	437 LEASE	X OFFSET TO LEASE COSTS	X (LEASE)	YES (1)	YES (1)
D	IHS	TRIBE	TRIBE	CONTRACT	X		YES	YES
E	IHS	THIRD PARTY	TRIBE	CONTRACT		X (LEASE)	NO	NO
F	IHS & OTHERS	TRIBE	TRIBE	CONTRACT	X PRORATE D (1)		YES PRORATE D	YES PRORATE
G	IHS & OTHERS	THIRD PARTY	TRIBE	CONTRACT		X (LEASE)	NO	NO
H	IHS	THIRD PARTY	IHS	LEASE		X (LEASE)	NO	NO
I	IHS	THIRD PARTY	TRIBE	VBC LEASE (2)		X (LEASE)	NO	NO
J	IHS	IHS	TRIBE	COMPACT	X 100 % (3)		NO	YES (4)
K	IHS	TRIBE	TRIBE	COMPACT	X 100%		NO	YES (4)
L	IHS	THIRD PARTY	TRIBE	COMPACT		X (LEASE)	NO	NO (4)

FOOTNOTES FOR TABLE 5-8

(1) "Prorate" - indicates that maintenance funding will be shared with the building owner on the basis of space used by the IHS program following the method discussed below.

(2) "VBC" - indicates the village built clinics leasing program in the IHS Alaska Area.

(3) Tribes entering into compacts are funded at 100% of the routine maintenance allocation formula.

(4) Compact Tribes are eligible for National M&I Projects on the same basis as IHS operated facilities.

5-9 DISTRIBUTION OF FUNDS

A. The formula used to calculate the M&I funding for each eligible facility is as follows:

Maintenance Allocation = (Location Index) x (Hanscomb Value) x (Escalation Rate) x (Actual Square Feet) x (Construction Type) x (Intensity)

This calculation is performed at Headquarters and is applied to each individual health care related building at each installation. Quarters are not included because it is assumed that maintenance for quarters is provided with "Quarters Return" (QR) funds.

B. The Areas should update and submit the M&I.DB and associated look-up tables to Headquarters. The M&I.DB table is a Paradox 3.5 database file that contains the information necessary for Headquarters to calculate the maintenance allocation for each eligible facility. Hard copy submissions are not required. The submission should be in an electronic format, 3.5" floppy disk. The disk should be clearly labeled (Example: "Albuquerque M&I table, 7/23/93").

5-10 UTILIZATION OF FUNDS

The following guidance should assist you in determining the appropriate utilization of the various funds used by the facilities program.

A. MAINTENANCE AND IMPROVEMENT (M&I) - Funds must be used only for repairs, (parts and services) of real property and real property equipment (building service equipment).

Real Property (Real Estate) - Buildings, grounds, walks, yards, driveways, fences, parking lots, trees, shrubs, lawn, culverts, cattle crossing guards etc. and all items that are an integral parts of the real property.

Types of Real Property (Not Inclusive)

Hospital Buildings and Yards	Walks
Clinic Buildings and Yards	Driveways

Office Buildings and Yards	Garages
Quarters Buildings and Yards	Fences
Storage Buildings and Yards	Flagpoles
Modular and Trailer Buildings	Utility Sheds
Streets and Parking Lots	Trees
Cabinets (Built-In)	Shrubbery

Types of Building Service Systems/Equipment (Not Inclusive)

Sewage Systems
Potable Water Systems
Natural Gas or Propane Systems
Normal and Emergency Power Electrical Systems
Building/Grounds Lighting Systems (Interior/Exterior)
Furnaces (for building heat)
Air Conditioning Systems
Building Ventilation Systems
Steam Systems (for building heat or hot water)
Plumbing Systems (includes fixtures)
Fuel Tanks and Delivery Systems (for utilities)
Air Compressor Systems (for HVAC control air only)
Medical Gas Systems (Piping and valves in the walls only)
Fire Alarm Systems
Fire Protection Sprinkler Systems
Lawn Sprinklers
Chillers
Chilled Water Systems
Packaged HVAC Units (Ducted)
Garbage Disposal Units
Water Heaters (for utility systems)
Boilers

Types of Real Property Service Contracts (Not Inclusive)

Preventive Maintenance of Real Property
Inspections of Real Property
Testing of Real Property Equipment
Pest Control (Termite protection for buildings only)

B. FACILITIES SUPPORT - Funds must be used only for purchase of parts, materials, repair services and service contracts of clinical and some non-clinical personal property and operating supplies. Some personal property such as computers and telephone equipment is not included in the facilities support activity but rather in the H&C activity. Replacement of existing or new additional personal property, although repaired with M&I, must be replaced or added with H&C funds. Personal Property is all property that is not real property and includes all items that would be removed from a building if it were vacated or its occupancy classification changed (i.e., hospital to warehouse).

Types of Personal Property Service Contracts (Not Inclusive)

Preventive Maintenance of Clinical Equipment
Preventive Maintenance of Non-Clinical Equipment

Pest Control Services (for infection control protection)
Lawn Mowing
Snow Removal
Sweeping of the Parking Lots
Fire Extinguisher Testing and Inspections

Types of Personal Property Items (Not Inclusive)

Fire Extinguishers
Lawn Mowers
Power Tools (over $500)
Safety Glasses
Gloves
Hand Tools
Portable Ventilation
Refrigerators
Cars, Vans, Trucks
Window Air Conditioners
Cabinets (removable; pharmacy, lab)
Ice Makers
Portable Partitions
Clinical Equipment
Dental Equipment
Radiology Equipment
Bottle Gases
Rugs
Cooking Ranges
Swamp Coolers
Portable Light Fixtures

Operating Supplies and Materials - Supplies and materials used by facilities and clinical engineering personnel to conduct their duties.

Types of Operating Supplies and Materials (Not Inclusive)

Vehicle fuels (propane, fuel oil, gasoline)
Utility Services (Water/Sewer/Electricity/propane/natural gas
Cooling Tower Chemicals (for treatment of the system)
Boiler Water Chemicals (for treatment of the system)
Water Softener Chemicals
Waste Removal (Solid/Infectious/ Hazardous/Kitchen Grease)
Plumbing Drain Cleaners
Incandescent bulbs
Fluorescent bulbs
De-Icer Salt
Insecticides
Soap
Towels
Office Supplies (paper, pencils, etc.)
Oil
Grease
Lubricants
Solvents

C. QUARTERS RETURN - Funds can be used for the purchase of all real property and personal property; parts, materials, services and service contracts.

CHAPTER 6 - PERSONNEL MANAGEMENT

THIS CHAPTER IS INCLUDED FOR INFORMATIONAL PURPOSES ONLY. DO NOT UTILIZE THE TEXT WITHOUT FIRST CONSULTING WITH THE PERSONNEL DEPARTMENT FOR THE MOST CURRENT INFORMATION.

6-1 INTRODUCTION

A. Personnel management including retirement, leave, disciplinary actions, classification, labor relations and position management is the responsibility of each facilities manager. Although you cannot take action on these matters solely on your own, you are the only individual who is responsible for initiating the actions. You must work very closely with your personnel officer to ensure all your actions are timely, legal, and that they comply with the appropriate regulatory requirements. Personnel Service is there to assist you; use them.

B. Regardless of the size of your organization or of your service unit, it is important that you realize how the personnel office works in your location. The information given here is only intended as an overview of the key things you need to be aware of as a supervisor. It is imperative that all your personnel management actions be consulted with the personnel office *before* you take any action.

6-2 POSITION DESCRIPTIONS AND CLASSIFICATION

A. POSITION DESCRIPTIONS - These should be an accurate description of the major duties, skills, knowledge, responsibilities and method of employee supervision for each position within a department. They are not a shopping list of tasks that an individual could or will be required to perform. A list of tasks serves no purpose as only those tasks that affect the position grade (pay) are important. It is the complexity and skill of duties that determines a grade. Volume or number of tasks do not determine grade. Position descriptions should be reviewed at least every five years. However, they can be modified or amended at any time that the level of skills may affect the grade of the employee, if it is warranted. All modifications to position descriptions must be routed through the personnel office for approval before implementation. It is important that you understand the difference between modifications to tasks (that are grade impacting) and modifications of duties in a day to day setting. Every modification does not require an amendment.

B. CLASSIFICATION - This is the act of reviewing duties so that a grade or pay can be assigned based on a written defined scope. All classification is based on standards or guides for each job, trade or profession. These standards are issued by the Office of Personnel Management (OPM). Sometimes, various standards are used to classify a job. It is very important to become familiar

with classification standards whenever you are contemplating writing a position description, creating a new job or redefining an existing one. They should be available to you at the service unit or Area personnel office depending on where classification is performed for your installation. Employees have the right to appeal their classification all the way to the Office of Personnel Management after they exhaust the appeal process in their agency. The decision of OPM is final, so you should be aware that the resulting decision could possibly be a lower grade than the employee holds.

6-3 PERFORMANCE MANAGEMENT

A. PERFORMANCE PLANS - Facilities managers are responsible for developing and encouraging employee participation in developing a realistic measure of employee performance. This is accomplished by developing a performance plan for each employee. The performance plan is a document that identifies critical and non-critical elements of an individual's work. Failure of an individual to perform in one critical element is sufficient reason to notify the individual of the need to improve his/her performance in 90 days or be terminated.

(1) Performance plans should consist of at least three to five elements of which at least one should be critical. Each element could have several sub-elements. Do not use percentages to measure performance. Each individual task must be tracked, positive and negative, to arrive at percentages. It is more realistic to allow a fixed number of deviations from the benchmark to document performance, (i.e., 6 deviations/satisfactory.

(2) In IHS some of the performance ratings (outstanding, highly satisfactory etc.) may be generic to all employees. That is, the narrative that is necessary to accomplish a certain rating has already been determined by the facility. If this is true in a service unit, use generic in the performance standards of your subordinates.

(3) Performance standards should be realistic and a measure of true performance. An organization where the majority is outstanding is not realistic and clearly implies weak performance standards or poor performance measurement by the supervisor.

(4) Do not wait until the end of the performance period to "*think or dream up*" employee deficiencies. Performance appraisals are intended to assist employees in measuring their output. It should reward the good, acknowledge the fair, and assist the poor performers.

(5) A mid-year appraisal must be performed on each employee. Realize that subordinates should be informed regularly

within a reasonable time (within 5 workdays) when they have not met their performance standards so that they may take corrective action.

(6) Performance ratings are given at the completion of the performance period. Under extreme conditions performance improvement may require immediate action to correct performance or terminate an employee. Disciplinary actions involving conduct are taken immediately.

B. LEVELS OF PERFORMANCE RATING

(1) Outstanding - Achievement level for all elements designated as Exceptional.

(2) Highly Successful - Achievement levels for all critical elements are designated as exceptional. Achievement levels for non-critical elements are designated as at least fully successful. Some, but not all, non-critical elements may be designated as exceptional.

(3) Fully Successful - The achievement level for at least one critical element is designated as fully successful. Achievement levels for other critical and non-critical elements are designated as at least fully successful or higher.

(4) Minimally Successful - Achievement levels for all critical elements are designated as at least fully successful. However, the achievement level(s) for one (or more) non-critical elements is (are) designated as less than fully successful.

(5) Unacceptable - The achievement level(s) for one (or more) critical element(s) is (are) designated as less than fully successful.

B. DISCIPLINARY ACTIONS

(1) It is important that supervisors differentiate between "conduct" discipline and "performance" discipline. Very often these two are confused by supervisors. As a general rule you cannot insert standards of performance that reflect conduct (i.e., will always be on time to work) in the average performance standard. Failure of an individual to show up for work has no bearing on his performance as a pipefitter or electrician. Theoretically, an electrician could receive an outstanding rating as an electrician and be disciplined (admonishment, reprimand, suspension, termination) for conduct the same day.

(2) Any conduct or performance discipline should be viewed first as a positive method of modification, not as a "punishment". Before contemplating a disciplinary action, read the applicable portions of the union agreement and IHS

regulations. Rules must be carried out in an equitable manner for all employees. All rules, union contracts and supplementals must be followed in any application of discipline. Counseling, written or oral, is not disciplinary, though it can be used to substantiate future disciplinary actions.

The basic rules of applying any discipline are as follows:

a. At all times, remember the goal of discipline is to modify behavior or performance to an acceptable level. Never look at discipline as a "punishment".

b. Fairness and equal treatment to all employees. Like discipline for like offenses must be used.

c. Progressive discipline should always be used. Care should be taken to see that, where possible, the least possible discipline is taken to modify the behavior. Obviously, one should look at the effect of the action that caused the problem. Evaluation should be made based upon the basis of the effect on direct patient care, damage to property or injury to personnel, and others.

   The various "conduct" disciplinary/adverse actions available are as listed below:

   - Informal counseling - Conversation between supervisor and employee on failure of performance standard. No formal records kept in the official personnel folder. Performance note kept by the supervisor in his/her office.

   - Oral counseling - Conversation between supervisor and employee. No formal records kept in the employee's official personnel folder. Performance note kept by the supervisor in his/her office.

   - Written counseling - Formal meeting between supervisor and employee. Written documentation given to the employee. Usually one copy for supervisor and original and copy for employee. No formal record kept in the employee's official personnel folder.

   - Admonishment - Formal meeting between supervisor and employee. Written documentation placed in the employee's official personnel folder. It may be removed after 6 months if there is no further problem. Usually one copy for supervisor and original and copy for employee.

- Reprimand - Formal meeting between supervisor and employee. Written documentation placed in the employee's official personnel folder. It may be removed after one year if there is no further problem. Usually one copy for supervisor and original and copy for employee.

- Suspensions - Formal meeting between supervisor and employee. Written documentation permanently placed in the employee's official personnel folder. Usually one copy for supervisor and original and copy for employee, (i.e., 5 days, 10 days, 30 days).

- Removal - Formal meeting between supervisor and employee. Resulting action will separate employee permanently from employment.

d. It is suggested that whenever these actions are contemplated, the personnel office be contacted prior to any fact finding so that the supervisor can be guided through the procedures properly, to avoid unnecessary problems. The personnel office will usually take documentation, and produce the letter of admonishment, etc., in a required format.

e. The use of disciplinary/adverse actions are a serious responsibility of supervisors. Obviously, the more serious the action contemplated, the more important it is to fully document and investigate the incident. It is extremely important that Government and Union regulations be fully followed.

C. INCENTIVE AWARDS - Cash awards or honorary recognition for suggestions, inventions, special contributions or performance may be issued when job requirements are exceeded. Cash or honor awards, or both, may be granted for superior job performance or for a work-related special contribution which benefits the agency. An extra within-grade increase (known as a quality increase) may be approved for Sustained Superior Performance. Additional information about the incentive awards program is available from the personnel office.

6-4 MERIT PROMOTION PLAN

A Merit Promotion Plan establishes policies, procedures and requirements for filling all Civil Service positions at GS/GM-15 and below and wage grade equivalents located in organizations in IHS. The plan implements procedural requirements issued in the Federal Personnel Manual and other department and agency personnel provisions to include Indian Preference. Information concerning your merit

promotion plan can be obtained from your personnel office. The plan mainly outlines what methods that must be followed when filling positions in the Indian Health Service.

6-5 LABOR MANAGEMENT RELATIONS

A. Under the Civil Service Reform Act, employees have the right, freely and without fear of penalty or reprisal, to form, join or assist a union or not to do so, and will be protected in exercising this right. However, an employee's right to hold an office in a union, to act as a union representative, or to participate in its management may be affected by the job he/she holds.

B. An employee cannot represent management in dealing with a union while at the same time representing that union. For this reason, employees who are supervisors or management officials, or who are engaged in personnel work other than clerical duties, cannot hold office in a union, serve as its representative, or participate in its management. These restrictions, however, do not deny the right of any Federal employee to join a union.

6-6 EQUAL EMPLOYMENT OPPORTUNITY

IHS is committed to affirmative action to assure equal opportunity for employment and advancement to all qualified persons without regard to race, color, religion, national origin, sex, lawful political affiliation, marital status, non-disqualifying physical or mental handicap, age, membership in a labor organization and to the prevention of sexual harassment in the work environment. Both the letter of the spirit of equal opportunity are observed in employment, assignment, and training opportunities.

6-7 INDIAN PREFERENCE

Indian preference applies to initial hiring, reassignment, transfer, competitive promotion, reappointment, reinstatement, or any other personnel action intended to fill a vacancy. This policy applies no matter how the vacancy arises; (i.e., it applies if the position is newly created or, if the position was previously encumbered, regardless of whether the previous incumbent was in the competitive civil service, accepted civil service, the Public Health Service (PHS) Commissioned Corps or Senior Executive Service (SES).

6-8 VETERAN PREFERENCE

Applies only to those serving during a specific time approved by Congress. Veteran preference does not supersede Indian preference.

6-9 FTE CEILING MANAGEMENT

A. Full-Time Employee (FTE) ceiling is assigned by management at your facility. It is an upper management decision to increase or decrease your assigned ceiling. It is your job to manage what is assigned to you. However, you must document what cannot or will not be accomplished as a result of reductions in your assigned ceiling.

B. Within their ceiling, facilities managers must balance the needs of their facility with the resources available. The proper mix of staff must be evaluated whenever positions become vacant or when management reduces assigned ceiling. The importance of these actions is considerable. Often, in today's world of shrinking resources and increasing requirements, there seems to be no correct answer which can fully satisfy all needs. However, it is the responsibility of each facilities manager to manage his/her own department as he/she sees fit.

6-10 OVERTIME/COMPENSATORY TIME

A. The use of overtime and compensatory time is a local issue. Normally, service units have "call back" overtime for emergency repairs. The IHS requirement is to pay a minimum of two hours callback (even if a worker spends less than two hours). Overtime or compensatory time does not include employee travel time to and from work.

B. General Schedule (GS) or (WG) employees are entitled to overtime pay when required to work more then eight hours a day or 40 hours a week. The overtime rate is generally 1 ½ times the regular rate of pay. GS employees, however, are typically limited to the overtime rate for GS-10, step 10. There is no restriction on the overtime rate for WG employees.

C. In lieu of payment for overtime work, compensatory time is occasionally appropriate. A GS employee with a basic rate of pay of more than a GS-10, step 10, will be granted compensatory time off unless the appropriate authority has approved a request for overtime pay. GS employees with a rate of pay equal to or below GS-10, step 10, will be paid for the overtime worked unless compensatory time is requested and approved.

6-11 TOURS OF DUTY

Tours of duty are a local policy and each facilities manager needs to evaluate the needs which are the most advantageous to his operation. Tours of duty can overlap to achieve better coverage, allow preventive maintenance when equipment is down or to allow repairs. Usually there is a list of tours of duty which are approved at your facility. However, this does not preclude you from requesting others to be added

to the list to allow you to better manage your department. The normal rule is that you should not change tours of duty to avoid overtime.

6-12 SALARY

A. GENERAL SCHEDULE (GS) - This classification applies to administrative, technical or professional (white collar) jobs. Traditionally pay is the same nationwide for the same grade and step. Some locations have a cost of living adjustment (i.e., Alaska). There is a range of steps, 1 - 10, within each grade. The grade is determined by the classification process. The steps are determined by periodic pay raises as long as the employee's performance meets the appropriate criteria, the required service time is satisfied and the maximum step of the grade has not been reached. The pay rates are supposed to be based on comparability with the private sector pay for work levels of similar difficulty. To maintain this comparability, these rates are supposed to bee adjusted annually.

Promotion Schedule

(1)	Steps 2, 3, 4	After 1 year of service
(2)	Steps 5, 6, 7	After 2 years of service
(3)	Steps 8, 9, 10	After 3 years of service

B. WAGE BOARD (WG/WS/WL) - Applies to a trade, craft or labor occupation.

Promotion Schedule

(1) WG - Wage Grade
(2) WS - Wage Supervisor
(3) WL - Wage Leaders (technical supervisor)

Rates are based on comparability with the private sector and are adjusted annually. They are established on a region-by-region basis. There is a range of 1 - 5 steps within each grade.

(1)	Step 2	After 12 months of service
(2)	Step 3	After 18 months of service
(3)	Step 4 - 5	After 24 months of service

C. SENIOR EXECUTIVE SERVICE (SES) - Generally applicable to the agency's senior managerial employees. They range in grade ES-1 to ES-6. Pay raises are also based on the level of performance. Generally ES-5 and ES-6 rates are reserved for senior executives assigned to the agency's most complex SES positions.

D. COMMISSIONED CORPS - Grades and promotions generally follow the military concept. Grades range from 0-1 through 0-8 for the Director of Indian Health Service.

6-13 LEAVE

A. ANNUAL LEAVE - The amount of annual leave earned each year depends on the length of service (federal employment and most active duty military service) and the type of appointment held by an employee.

(1) Full-Time employees earn:

a. 0-3 years of service - 4 hours per pay period or 13 workdays per year.

b. 3-15 years of service - 6 hours per pay period plus 4 additional hours per year or 20 workdays per year.

c. 15 years or more service - 8 hours per pay period or 26 days per year.

(2) Part-time employees on a regular schedule earn:

a. 0-3 years of service - 1 hour leave per 20 hours worked.

b. 3-15 years of service - 1 hour leave per 13 hours worked.

c. 15 years or more of service - 1 hour of leave per 10 worked. Although leave is earned from the day of appointment, this leave is credited only after having been on duty for 90 days.

(3) Requests for annual leave should be made in advance to the employee's immediate supervisor. The minimum charge for annual leave is one hour.

a. At the end of each leave year, any unused annual leave, up to 240 hours, may be carried over into the new leave year; excess beyond 240 will be lost if not used.

b. Under certain circumstances you can carry over more than 240 hours if approved by management. For example if you had a serious accident towards the end of the year which interrupted your scheduled vacation. Then your supervisor did not release you to go on vacation after you left the hospital and returned to work. Under those circumstances an employee can be allowed to carry over the excess leave.

B. SICK LEAVE - Full-time employees earn sick leave at the rate of 4 hours per pay period or 13 workdays of sick leave per year regardless of their length of service. Part-time employees earn sick leave at the rate of one hour sick leave per 20 hours worked.

(1) Sick leave may be used for illness or for medical, dental or optical examinations or treatment.

(2) When possible, sick leave must be requested in advance. When this is not possible, notification should be made to the immediate supervisor as soon as practical, but in any event within the first two hours of absence.

(3) Unlike annual leave, sick leave accumulates year after year without limit.

C. OTHER TYPES OF LEAVE

(1) Administrative - For particulars about other types of leave than shown here, consult with the personnel office on a case by case basis.

- Military
- Court (i.e., jury duty)
- Work Compensation Claim
- Blood Donation
- Training
- Voting
- Funeral

(2) Leave Without Pay (LWOP) - Usually used when an employee has no other type of leave to use and circumstances require that he/she be absent from work for a valid reason. Must be approved by the supervisor beforehand.

(3) Absence With Official Leave (AWOL) - Determined by the supervisor due to conduct by the employee (i.e., excessive tardiness), or when the employee takes leave without prior approval of the supervisor.

6-14 EMPLOYEE RESPONSIBILITIES

A. Honesty, integrity, impartiality and ethical conduct on the part of Federal employees are essential to effective government. As an IHS employee, you have a right to expect fair and considerate treatment, favorable working conditions, and a sincere concern on the part of the IHS for you as an individual. IHS in turn expects you to serve diligently, loyally, and cooperatively; to avoid misconduct and other activities in conflict with your employment; to exercise courtesy and dignity; and otherwise to conduct yourself, both on and off duty in a manner reflecting credit upon yourself and IHS.

B. You are required to be at work every day as scheduled unless on approved leave or excused absence. Failure to notify your supervisor and to request appropriate leave for an absence may be

considered absence without leave (AWOL) and cause for disciplinary action.

C. You must avoid any action which might result in or look as though you are: using public office for private gain, giving preferential treatment to any person, group or organization, impeding government efficiency or economy, losing complete independence or impartiality, making a governmental decision outside official channels, or any other action which could lower the public's confidence in the government. You may not attempt to accomplish indirectly, through your immediate family or otherwise, any action which you are prohibited from doing directly.

D. You must not discriminate in any employment matter or in providing benefits under any law administered by IHS on the grounds of race, age, color, sex, religion, national origin, political affiliation, marital status, or handicap. You must not ask for or accept for yourself or any member of your family, any gift, tip, entertainment, loan, favor, or anything of monetary value from any person or organization that is seeking or has business or financial relations with IHS in order to avoid even the appearance that your official actions might be influenced by such gifts.

E. You may not engage in outside employment that is not compatible with the full and proper discharge of your IHS duties and responsibilities. It is always best to check first with the personnel office before you begin any outside employment activity which might possibly conflict with your IHS responsibilities.

F. You have a positive responsibility to protect and conserve, and not willfully damage, any Federal property, including equipment, supplies, and other property entrusted or issued to you. You may not directly or indirectly use government property of any kind, including vehicles, tools, instruments, or property leased to the government for other than officially approved activities. You are responsible for all government property entrusted to you, and you may be held financially liable if it is not treated and used properly.

G. You are expected to pay your acknowledged debts and those reduced to a court judgment in a proper and timely manner. Your wages may be garnished through a court order for non-payment of alimony and child support. Deductions from your pay may also be made for debts owed to the Federal government. To protect your interest, IHS will not furnish information of your credit status, enter disputes over the validation or amount of your bills, or collect for your creditors, except through court judgements.

H. The law regarding the political activity of Federal employees is commonly known as the Hatch Act. It applies to all employees. This law protects your right as a Federal employee to register and vote without any official interference or persuasion. It

also protects your right to express your opinion on political subjects or candidates for public office.

It protects you from being pressured into making political contributions. On the other hand, the law forbids Federal employees from taking an active part in "partisan" political campaigns and elections or in the management of political organizations. This law does not prevent you from becoming active in constitutional amendments, referendums, and changes in municipal ordinances. For further information see your personnel office.

I. You may not, on IHS premises, solicit contributions for any national or local welfare or other kind of campaign except one endorsed by IHS. Further, you may not sell tickets or other articles or services except during officially endorsed activities of employee organizations, associations or groups.

J. Other conduct regulations deal with disclosures or misuse of information, gambling, betting and lotteries, and relations with firms or persons seeking or doing business with IHS and safety.

K. You should keep yourself informed of conduct requirements, since your failure to observe them may result in appropriate disciplinary action.

L. If you have any doubt as to whether a particular action would meet the standards of conduct, you should first consult your supervisor. If he/she cannot help you, your personnel office can provide you with the necessary guidance.

6-15 COMPENSATION FOR JOB RELATED INJURY OR ILLNESS

A. IHS will provide a safe and healthful place to work and with approved protective and safety equipment as necessary to protect employees from hazardous working conditions.

B. If employees are injured at work, they must notify their supervisor immediately if the condition allows it. Information about benefits under the Federal Worker's Compensation Program and the appropriate claim forms will need to be completed. Information and forms can be obtained in the personnel office. Benefits for job-related injuries and illnesses may include medical care and compensation. Some of this care may be offered in the local health unit. Review the pamphlet CA-11, "When Injured At Work", for more information on the subject.

C. IHS provides a health service program for employees that includes emergency treatment, protection of employees from communicable disease, maintenance of healthful working environment, and preventive health measures. Pre-employment and periodic examinations are also provided for employees in certain occupations.

6-16 NEW EMPLOYEE ORIENTATION

The following serves as a guideline of items that should be reviewed with all new employees.

A. JOB DESCRIPTION - Employees should be given a copy of their job description on the first day of work. It should be generally reviewed with them briefly. A follow up meeting within 30 days should occur to review the duties and responsibilities more adequately after the employee has had a chance to better observe the work environment.

B. PERFORMANCE STANDARDS - Employees should be given a copy on the first day of work. It should be reviewed with them briefly, along with your method of applying and measuring their performance. They should be asked to contribute to any change they feel would be necessary. A follow up meeting within 30 days should occur to again review the performance expectations after the employee has had a chance to better observe the work environment.

C. TELEPHONES - Review the use of telephones for official government business and the circumstances under which he/she can use the phone for personal reasons.

D. PARKING/TRAFFIC - Usually this is not a problem at IHS facilities. However, handicapped parking, loading zones, traffic rules, spaces, and other appropriate rules should be discussed.

E. GOVERNMENT PROPERTY ACCOUNTABILITY - Review the responsibilities for the accountability of government property, issuance of tools, property passes, use of personal property on the premises and the restriction on use of government property, tools and equipment for personal use.

F. BREAKS AND LUNCH HOURS - Review the break policy in your department. Explain dining hours and coverage of facility during dining period.

G. TOURS OF DUTY - Explain the tours of duty in the facilities department, call back, overtime, and shift differential. Review policy on tardiness and use of leave.

H. HOLIDAYS - Explain the holidays for Federal employees.

- New Year's Day - January 1
- Martin Luther King's Birthday - Third Monday in January
- Washington's Birthday - Third Monday in February
- Memorial Day - Last Monday in May
- Independence Day - July 4
- Labor Day - First Monday in September
- Columbus Day - Second Monday in October
- Veteran's Day - November 11

- Thanksgiving Day - Fourth Thursday in November
- Christmas Day - December 25

I. KEYS

J. RULES OF CONDUCT

K. DISCIPLINE

L. SECURITY

M. TRAINING

N. ON THE JOB INJURY/HEALTH SERVICES

O. DISASTER PREPAREDNESS

CHAPTER 7 - INTERNAL AND EXTERNAL REVIEWS

7-1 INTRODUCTION

The fact that we are a government entity and in addition we are in the health care business means we are subjected to numerous reviewing bodies. The bodies which review our programs do so as a result of on-going government audits, accreditation requirements to evaluate our standard of care, compliance with laws and regulations and as an internal control on the effectiveness of program elements. The organizations which impact on your facilities program which may require you to interface with them are listed below.

7-2 REVIEWING ORGANIZATIONS

A. JOINT COMMISSION ON ACCREDITATION OF HEALTHCARE ORGANIZATIONS (JCAHO) - JCAHO is the foremost accrediting body for health care organizations (hospitals, nursing homes and ambulatory care facilities) in the country. In the private sector, accreditation is essential for Medicare reimbursements from the government, and consequently, is necessary for financial survival. In IHS, participation in the JCAHO accreditation process is required to assure that quality patient care is maintained.

(1) The accreditation period is three years, and all facilities strive to receive an accreditation decision with no contingencies. Failure to achieve an accreditation may result in replacement of management personnel.

(2) Manuals containing the accreditation standards are published by JCAHO. Separate standards are established for hospitals, nursing homes/long term care, and outpatient clinics.

(3) For the facilities engineering department, pertinent JCAHO requirements in each health care program are organized into a chapter titled Environment of Care (EC). They are organized under eight elements of Design, Safety, Security, Emergency Preparedness, Hazardous Materials and Wastes, Life Safety, Equipment Management, and Utilities Management.

B. COLLEGE OF AMERICAN PATHOLOGISTS (CAP) - CAP is the accrediting body for clinical laboratories. Accreditation of a laboratory by CAP is usually accepted by JCAHO without a need for a separate survey except for the laboratory quality assurance program and the fire and safety of the structure where the laboratory is located. The CAP inspection cycle is two years. From the facilities engineering standpoint, facilities managers must ensure that all non-clinical equipment in the laboratory has been considered for inclusion in a preventive maintenance program. Records must be made available to the CAP surveyors.

C. INSPECTOR GENERAL (IG) - The Inspector General is the arm of the agency whose purpose it is to audit programs to identify waste, fraud and abuse in government operations. IG inspections and/or investigations are normally generated as a result of congressional inquiries, comments from reviewing agencies, and complaints or perceived vulnerabilities in IHS operations. Special problem focused audits can occur at any time.

D. HEALTH CARE FINANCE ADMINISTRATION (HCF) - HCF is the government agency that conducts audits which are essential for Medicare/Medicaid (M&M) reimbursements. M&M reimbursements are essential for supplementation of financial resources at IHS facilities. M&M funding is used in facilities engineering for construction projects to correct cited or potential life safety deficiencies, to correct work flow deficiencies, and to purchase and install equipment that will enhance program effectiveness.

E. OCCUPATIONAL SAFETY AND HEALTH ADMINISTRATION (OSHA) - OSHA is the federal agency under the Department of Labor charged with occupational safety oversight for government and private sector employees. OSHA does not conduct routine inspections at IHS but they may be scheduled in response to employee complaints of unsafe working conditions. OSHA also has a "targeting" program, designed to identify and inspect facilities whose lost time claims rate (LTCR) is above the federal average. IHS facilities have been targeted, as the LTCR for medical facilities is generally higher than that of other agencies, due to the risks involved in patient care.

F. ENVIRONMENTAL PROTECTION AGENCY (EPA) - EPA is the federal agency charged with environmental compliance responsibilities. EPA is concerned with air and water pollution and hazardous waste management at IHS sites. EPA inspections are rare, but some facilities have had inspections due to asbestos, underground storage tanks or solid waste related problems. It should be noted that EPA has delegated enforcement authority to certain States.

G. MANAGEMENT ADMINISTRATIVE REVIEWS - These reviews are conducted by Headquarters upper management personnel who visit the Areas on a cyclical basis. The intent of this review is to evaluate the quality of patient care and administrative patient care support.

H. FACILITIES ENGINEERING PROGRAM REVIEW - These reviews are conducted by a team composed of Headquarters personnel who visit all the Areas on a three year cycle. The intent is to review how effectively the facilities engineering program is being accomplished at Area and service units. The review analyzes the level of technical practice by field facilities personnel through examination of compliance with policies and procedures. The review is conducted at the Area office level in the elements of administration, energy management, financial management, environmental management, and construction management. The review is conducted at the service unit level in the elements of preventive maintenance, work management, equipment management,

utilities management, grounds management, energy management, financial management, occupational health, and support to other departments.

7-3 MANAGEMENT CONTROL

A. The purpose of management controls is to "continuously monitor" performance in key areas that affect patient care or accreditation and ensure that operations comply with the government standards for fraud, waste and abuse. Continuous monitoring should reveal if minimum acceptable standards of critical program elements are not being met. Corrective actions may be initiated internally if elements are not operating as required.

B. The benefits of periodic reviews of critical facilities engineering program elements is to review departmental performance, compliance with accreditation standards and the maintenance of a historical data base. A strong internal management review program is the key to successful external reviews. Problem areas should be identified internally and corrected before external reviews.

7-4 GUIDELINES FOR REVIEW TECHNIQUES

A. JCAHO - JCAHO publishes standards for accreditation requirements in the various health care occupancies at an installation. In addition, JCAHO publishes the Plant, Technology and Safety Management series which consists of handbooks, designed to assist facilities personnel in understanding and interpreting the standards and performing self assessments. The handbook and monographs may be purchased individually or as a subscription series from JCAHO. Surveys generally consists of a 5-day visit to a hospital, 2 days at a health center and 1 day at a clinic. The actual facilities engineering portion amounts to only 8 hours over a 2-day period. Facilities engineering should integrate compliance into regular day-to-day activities to avoid last minute activity prior to a scheduled accreditation survey.

B. CAP - CAP standards that affect facilities engineering can be obtained from your Laboratory Service, or may be ordered from the College of American Pathologists. The facilities manager should consult with the laboratory well in advance of the scheduled CAP inspection to review areas of deficiency identified during the self-inspection process. Surveys generally consists of a one-day visit to the laboratory with only 30 minutes involvement of the facilities manager.

C. IG - Prior to an inspection or audit, the IG will forward a letter indicating what program areas will be reviewed, and what data will need to be made available. During this audit, it is advisable to frequently review any findings developed or concerns

expressed by the surveyor or auditor. This should be done at least weekly so that items that are in dispute can be addressed before a final report is prepared. Inspection can amount from one day to several weeks depending on the magnitude and character of the incident being investigated.

D. HCF - This review process does not affect the facilities department directly. Preparation and/or involvement is only upon request.

E. OSHA - OSHA regulations are published as Code of Federal Regulations 29 CFR 1900. New OSHA standards and revisions to existing standards are published in the Federal Register. OSHA has published several booklets that summarize program elements and requirements. Review of OSHA standards and past safety inspections at your facility should highlight any areas of deficiency. Inspection can amount from one day to a week depending on the magnitude and character of the incident being investigated.

F. EPA - EPA regulations are published in the Federal Register. They are too numerous to list here. Valuable information can also be obtained from bulletins and newsletters of the American Society of Hospital Engineers (ASHE).

G. Area Administrative Review - The review process does not affect facilities engineering directly. Preparation and/or involvement is only upon request.

H. Facilities Engineering Program Review - The criteria used to evaluate facilities engineering program elements are found in the Facilities Engineering Operations Manual Part 7, Program Review. Facilities manager's involvement includes an extensive review of accomplishments and documentation of program element actions for the three fiscal years prior to the review. The review includes a cross section of the program at the Area Office and two service units selected by Headquarters . The entire review consists of a 5-day visit in the Area. Preparatory requirements and criteria used in the review are contained in the Handbook.

CHAPTER 8 - TECHNICAL LIBRARY

8-1 INTRODUCTION

The following reference material should be available at each Area facilities office, and/or facilities manager's office in a hospital or health center to facilitate the reference of material in the performance of facilities engineering type duties and/or orient and train new staff employees in the office.

8-2 REFERENCE LIBRARY FOR AREA OFFICES

NFPA 101 - LIFE SAFETY CODE HANDBOOK
NFPA 99 - HEALTH CARE FACILITIES HANDBOOK
NFPA 70 - NATIONAL ELECTRICAL CODE HANDBOOK
NFPA 70B - ELECTRICAL EQUIPMENT MAINTENANCE
NFPA 70E - ELECTRICAL SAFETY FOR EMPLOYEE WORKPLACES
NFPA 25 - INSPECTION/TESTING/MAINTENANCE OF WATER BASED SYSTEMS
NFPA 10 - PORTABLE FIRE EXTINGUISHERS
NFPA 13 - INSTALLATION OF SPRINKLERS HANDBOOK
FPS 93 - FIRE PROTECTION SYSTEMS INSPECTION/TEST/MAINTENANCE
NFPA 54 - NATIONAL FUEL GAS CODE HANDBOOK
NFPA 58 - LIQUEFIED PETROLEUM GASES HANDBOOK
MATHEMATICS FOR PLUMBERS AND PIPEFITTERS
BASIC ELECTRICITY
DRYWALL INSTALLATION AND FINISHING
REFRIGERATION SERVICING
ELECTRICITY AND CONTROLS FOR HVAC
BASIC CONSTRUCTION BLUEPRINT READING
BLUEPRINT READING FOR ARCHITECTURE AND CONSTRUCTION WORK
PRINCIPLES OF AIR CONDITIONING
JOURNEYMAN ELECTRICIAN REVIEW
HEAT PUMPS, THEORY AND SERVICE
ELECTRICAL GROUNDING
INTRODUCTION TO THE NEC
HEATING TECHNOLOGY, PRINCIPLES, EQUIPMENT AND APPLICATION
RESIDENTIAL OIL BURNERS
29 CFR 1910 - OCCUPATIONAL SAFETY AND HEALTH ACT
ADA HANDICAPPED ACCESSIBILITY GUIDELINES
GUIDELINES FOR CONSTRUCTION AND EQUIPMENT OF HOSPITALS
VOLUME I - 1995 ACCREDITATION MANUAL FOR HOSPITALS
VOLUME I - 1995 ACCREDITATION MANUAL FOR AMBULATORY HEALTH CARE
ROOFING: DESIGN CRITERIA, OPTIONS, SELECTION
FACILITIES MAINTENANCE MANAGEMENT
THE FACILITIES MANAGER'S REFERENCE
MEANS SQUARE FOOTAGE COSTS
FACILITIES MAINTENANCE STANDARDS
PLANS, SPECIFICATIONS AND CONTRACTS FOR BUILDING PROFESSIONALS
ILLUSTRATED CONSTRUCTION DICTIONARY
FACILITIES MAINTENANCE AND REPAIR COST DATA
FACILITIES PLANNING AND RELOCATION
MEANS HEAVY CONSTRUCTION HANDBOOK

SUCCESSFUL ESTIMATING METHODS
MEANS ILLUSTRATED CONSTRUCTION DICTIONARY
CONCRETE REPAIR AND MAINTENANCE ILLUSTRATED
HAZARDOUS MATERIALS AND HAZARDOUS WASTE
NATIONAL BOARD INSPECTION CODE (BOILER AND PRESSURE VESSELS)
ASME A17.1 - SAFETY CODE FOR ELEVATORS AND ESCALATORS
ASME A17.2 - INSPECTORS MANUAL FOR ELEVATORS AND ESCALATORS
ASME A17.4 - GUIDE FOR EMERGENCY EVACUATION FROM ELEVATORS
CHECKLISTS FOR INSPECTION AND TESTING OF ELECTRIC ELEVATORS
CHECKLISTS FOR INSPECTION AND TESTING OF HYDRAULIC ELEVATORS
QEI-1/STANDARD FOR THE QUALIFICATIONS OF ELEVATOR INSPECTORS
GUIDELINES FOR PROTECTING THE SAFETY/HEALTH OF HEALTHCARE WORKERS
ENERGY CONSERVATION GUIDELINES
ENERGY EQUIPMENT RECOVERY AND SYSTEMS
FIRE/SMOKE/RADIATION DAMPER INSTALLATION GUIDE FOR HVAC SYSTEMS
HVAC DUCT LEAKAGE TEST MANUAL
HVAC SYSTEMS DUCT DESIGN HOME STUDY COURSE
HVAC SYSTEMS TESTING, ADJUSTING AND BALANCING
INDOOR AIR QUALITY MANUAL
INSTALLATION STANDARDS FOR RESIDENTIAL HVAC SYSTEMS
KITCHEN EQUIPMENT FABRICATION GUIDELINES
RETROFIT OF BUILDING ENERGY SYSTEMS AND PROCESSES
SEISMIC RESTRAINT MANUAL
VOLUME 1 - WASTE MANAGEMENT FOR HEALTH CARE FACILITIES
VOLUME 2 - DEVELOPING AN EMERGENCY PREPAREDNESS PROGRAM
VOLUME 3 - MEDICAL GAS AND VACUUM SYSTEMS
VOLUME 4 - FIRE WARNING AND SAFETY SYSTEMS
VOLUME 5 - SAFETY MANAGEMENT FOR HEALTH CARE FACILITIES
VOLUME 6 - HAZARD COMMUNICATION FOR HEALTH CARE FACILITIES
VOLUME 7 - ELECTRICAL SYSTEMS FOR HEALTH CARE FACILITIES
VOLUME 8 - MECHANICAL SYSTEMS FOR HEALTH CARE FACILITIES
HEATING AND COOLING ESSENTIALS
SOURCE BOOK OF HVAC SPECIFICATIONS
DICTIONARY OF SCIENTIFIC AND TECHNICAL TERMS
FACILITIES EVALUATION HANDBOOK
VOLUME 1&2 - A/E'S GUIDE TO ENERGY CONSERVATION IN BUILDINGS
ARCHITECTURAL GRAPHICS STANDARDS
INFECTIOUS CONTROL IN THE HOSPITAL
MAINTENANCE MANAGEMENT FOR HEALTH CARE FACILITIES
UNIFORM BUILDING CODE (UBC)
UNIFORM MECHANICAL CODE
UNIFORM PLUMBING CODE
UNIFORM ELECTRICAL CODE
COMPLETE BUILDING EQUIPMENT MAINTENANCE DESK BOOK
MAINTENANCE MANAGER'S STANDARD MANUAL
ASHRAE HANDBOOK - EQUIPMENT
ASHRAE HANDBOOK - REFRIGERATION
ASHRAE HANDBOOK - FUNDAMENTALS
ASHRAE HANDBOOK - APPLICATIONS
ASHRAE HANDBOOK OF ENERGY AND ENERGY MANAGEMENT

8-3 REFERENCE LIBRARY FOR HOSPITALS

NFPA 101 - LIFE SAFETY CODE HANDBOOK
NFPA 99 - HEALTH CARE FACILITIES HANDBOOK
NFPA 70 - NATIONAL ELECTRICAL CODE HANDBOOK
NFPA 70B - ELECTRICAL EQUIPMENT MAINTENANCE
NFPA 70E - ELECTRICAL SAFETY REQUIREMENTS FOR EMPLOYEE WORKPLACES
NFPA 25 - INSPECTION/TESTING/MAINTENANCE OF WATER BASED SYSTEMS
NFPA 10 - PORTABLE FIRE EXTINGUISHERS
NFPA 13 - INSTALLATION OF SPRINKLERS HANDBOOK
FPS 93 - FIRE PROTECTION SYSTEMS INSPECTION/TEST/MAINTENANCE
NFPA 54 - NATIONAL FUEL GAS CODE HANDBOOK
NFPA 58 - LIQUEFIED PETROLEUM GASES HANDBOOK
MATHEMATICS FOR PLUMBERS AND PIPEFITTERS
BASIC ELECTRICITY
DRYWALL INSTALLATION AND FINISHING
REFRIGERATION SERVICING
BASIC CONSTRUCTION BLUEPRINT READING
BLUEPRINT READING FOR ARCHITECTURE AND CONSTRUCTION WORK
HEAT PUMPS, THEORY AND SERVICE
29 CFR 1910 - OCCUPATIONAL SAFETY AND HEALTH ACT
ADA HANDICAPPED ACCESSIBILITY GUIDELINES
GUIDELINES FOR CONSTRUCTION AND EQUIPMENT OF HOSPITALS
FACILITIES MAINTENANCE MANAGEMENT
FACILITIES MAINTENANCE STANDARDS
DICTIONARY OF SCIENTIFIC AND TECHNICAL TERMS
VOLUME I - STANDARD PLANT OPERATORS QUESTION AND ANSWERS
VOLUME 1&2 - A/E'S GUIDE TO ENERGY CONSERVATION IN BUILDINGS

8-4 REFERENCE LIBRARY FOR HEALTH CENTERS

NFPA 101 - LIFE SAFETY CODE HANDBOOK
NFPA 99 - HEALTH CARE FACILITIES HANDBOOK
NFPA 70 - NATIONAL ELECTRICAL CODE HANDBOOK
NFPA 10 - PORTABLE FIRE EXTINGUISHER
FPS 93 - FIRE PROTECTION SYSTEMS INSPECTION/TEST/MAINTENANCE
MATHEMATICS FOR PLUMBERS AND PIPEFITTERS
BASIC ELECTRICITY
DRYWALL INSTALLATION AND FINISHING
REFRIGERATION SERVICING
BASIC CONSTRUCTION BLUEPRINT READING
JOURNEYMAN ELECTRICIAN REVIEW
HEAT PUMPS, THEORY AND SERVICE
OCCUPATIONAL SAFETY AND HEALTH ACT (29 CFR 1910)
ADA HANDICAPPED ACCESSIBILITY GUIDELINES
FACILITIES MAINTENANCE MANAGEMENT
VOLUME I - STANDARD PLANT OPERATORS QUESTION AND ANSWERS
CONSTRUCTION INSPECTOR'S GUIDE
VOLUME 1 - GENERAL INFORMATION AND SITEWORK
VOLUME 2 - ARCHITECTURAL &STRUCTURAL FEATURES IN CONSTRUCTION
VOLUME 4 - SPECIAL FEATURES OF BUILDING CONSTRUCTION

8-5 TRAINING VIDEOS FOR AREA OFFICES

HAZARD COMMUNICATIONS

HEALTH CARE ELECTRICAL SAFETY
RESPIRATORY PROTECTION SERIES
LOCK-OUT/TAG-OUT SERIES
EYE PROTECTION
PERSONAL PROTECTIVE EQUIPMENT
CONFINED SPACE ENTRY
HAND SAFETY
SAFETY ORIENTATION
ELECTRICAL SAFETY SERIES
ASBESTOS
MACHINE GUARDING
ELECTRICAL SAFETY IN LOW VOLTAGE SITUATIONS
INSTALLING CONDUIT AND CABLE
BASIC PIPEFITTING
INDUSTRIAL ELECTRICAL SAFETY SERIES
- Hazards of Electricity
- Protective Equipment
- Working on Energized Equipment
- Working Safely on De-Energized Equipment
- Grounding Equipment
- Installing and Removing Protective Grounds
- Ground Systems and Induced Voltages
- Grounding and Jumpering
- Test Procedures for Personal Protective Grounds
- Specific Equipment Hazards

FIGHTING FIRE WITH PORTABLE FIRE EXTINGUISHERS
FIRE EXTINGUISHERS: FIGHT OR FLIGHT

CHAPTER 9 - MEMBERSHIP AND PERIODICALS

9-1 MEMBERSHIPS

Membership in the following societies and organizations is recommended for each facilities manager.

A. AMERICAN SOCIETY OF HOSPITAL ENGINEERS

American Hospital Association
840 North Shore Drive
Chicago, IL 60611; (312)280-6000

B. FACILITY MANAGEMENT ASSOCIATION

International Facility Management Organization
11 Greenway Plaza
Houston, TX 77046, (713)623-4362.

9-2 PERIODICALS AND JOURNALS

The following subscription services should be procured to facilitate maintaining day to day knowledge in the facilities engineering field.

A. HOSPITALS (Free)

American Hospital Association
840 N. Lake Shore Drive
Chicago, IL 60611.

B. HEALTH FACILITIES MANAGEMENT

American Hospital Publishing Inc.
211 E. Chicago Ave., Suite 700
Chicago, IL 60611.

C. BUILDINGS (Free)

Facilities Construction and Management Magazine
Reader Service Management Department
P.O. Box 5210
Pittsfield, MA 01203-5210.

D. MAINTENANCE TECHNOLOGY (Free)

Applied Technology Publications
P.O. Box 1162
Skokie, IL 60076-9806.

E. FACILITIES OPERATION (Free)

Facility Management Operations and Engineering (FMDE)

3975 Erie Ave.
Cincinnati, OH 45208.

F. FACILITIES

The American Institute of Plant Engineers
3975 Erie Avenue
Cincinnati, OH 45208

G. MAINTENANCE EXECUTIVE (Free)

Maintenance Executive
Circulation Department, Suite 1122
4753 N. Broadway Avenue
Chicago, IL 60640

H. GROUNDS MAINTENANCE (Free)

Grounds Maintenance
P.O. Box 12901
Overland Park, KS 66282

I. BUILDING OPERATING MANAGEMENT (Free)

Building Operating Management
P.O. Box 5268
Pittsfied, MA 01203-5268

J. PUBLIC WORKS (Free)

Public Works Publications
P.O. Box 383
Winchester, MA 01890-9832

K. EC&M (Free)

Electrical Construction Management
P.O. Box 12934
Overland Park, KS 66282-9728

CHAPTER 10- TRAINING PROGRAM

10-1 INTRODUCTION

A. There is a need for all facilities engineering employees to receive periodic training to refresh, upgrade, or learn new skills. Each facilities manager needs to establish a mechanism to identify each subordinate's training needs, and to prioritize these needs into an overall plan which establishes what training will most benefit the facility. One of the most important responsibilities of a supervisor is the training of subordinates.

B. IHS has an inherent responsibility to develop programs that will develop individuals to fit into positions required in the agency. A facilities engineering credentialing program is one way to ensure that personnel hired by the agency will be able to perform at their best as soon as possible. The program will expose individuals to the basic elements needed to manage a facilities engineering program. This will set the stage for progressive development into positions at successively higher levels. It will in turn create an upward mobility career ladder progression for engineers and non-engineers to the benefit of the agency.

10-2 STARTING A PROGRAM

A. ASSESSMENTS - The training program begins with an assessment by the facilities manager, the foreman and the subordinates.

Points to think about:

(1) Are supervisors utilizing the latest management techniques?

(2) Is there work that is being contracted out that could be accomplished more effectively if it was performed in-house if staff was adequately trained?

(3) In reviewing facilities workload is there a need to:

* Increase productivity
* Control quality of work
* Train subordinates
* Plan the workload
* Promote safety
* Control costs and reduce waste
* Maintain equipment and buildings

* Keep better discipline

* Handle grievances

* Write reports

B. ORIENTATION

Training of a subordinate should begin the first day they report to work. From that very moment, the minimal acceptable habits, practices, and working rules should be put into effect. If subordinates are well trained, they will develop correct habits and skills.

C. TRAINING PLAN

(1) On an annual basis, as part of the FEPP Phase I submission; each facilities manager is required to submit the training needs that have been identified for the upcoming year. These requirements should have been derived from a master plan developed by the facilities manager for each subordinate. The Area office then consolidates the individual service unit training plans from the FEPP Phase I submission and submits the total requirements to the to the Associate Area Director, OEHE for approval.

(2) Training plans help identify training needs which may be advantageous for the Area and/or Headquarters to consolidate into training courses at the national level and/or recommend training which may be shared with other Areas. Volume VI, Part 71 of the Technical Handbook for EHE outlines the requirements for developing a comprehensive training plan for a FEPP submission.

10-3 TRAINING STRATEGY

A. AVENUES OF STRATEGY - A lot of facilities managers get stymied as to where is training available to suit their needs. Training is available and it can be found in different forms. Remember the facilities manager, if adequately credentialed, should be the source of all training.

Training can occur in numerous ways:

(1) A commercially available course could be located, and a request submitted to the Area office through the FEPP submission.

(2) A local course might be found with no tuition, in which case, administrative leave may be authorized in order to attend.

(3) On-the-job training with some other employee who already has the skill may be appropriate.

(4) A vendor may be contracted to visit the facility to provide the training.

(5) Correspondence courses might be arranged for certain types of instruction particularly for trades-related skills.

B. DON'T FALL INTO THE COMPLEXITY TRAP - If facilities staff has minimal skills and/or funding is not available for training; service contracts may be considered (i.e., pneumatic controls, inspection of boilers, fire alarm testing). In all cases the facilities manager is responsible for determining the training needs of the facilities staff; it is an ongoing responsibility. Training should not be based on increasing subordinate skills but rather on increasing skills needed to accomplish existing work that needs to be improved or enhanced. A task is analyzed below to explain and analyze it from a training perspective.

TASK - Testing and maintaining the emergency generator

SKILLS REQUIRED - Electrician, diesel mechanic, preventive maintenance inspector.

SOLUTION

(1) Option 1 - Contact the factory representative of the generator's manufacturer.

a. Determine the requirements for testing, inspecting, and performing preventive maintenance requirements (i.e., variables to monitor, frequency of replacements (filters, oil).

b. Arrange for the factory representative to conduct the training, develop the forms and furnish in writing the procedures to follow. Normally, this information is in the equipment's operating manual.

c. Is there available time to read and develop the necessary information?

d. Can the work be accomplished by in-house personnel? Sometimes you have to pay others to do things that can be done cheaper with facilities staff if time were available.

(2) Option 2 - It may be easier to contract out the work and not worry about it, but what will be done when the generator doesn't start?

a. Can the installation wait for the factory representative?

b. Is the factory phone number handy (i.e., in the generator room, in the facilities office)?

c. It seems in that in this scenario, the training is needed one way or the other.

(3) Option 3 - A subordinate may be capable of training the facilities manager at no cost in lieu of spending funds for the factory representative.

a. The facilities manager needs to have a feel for the task by doing it, rather than watching while someone else does the work.

b. The facilities manager may have to do the work him/herself someday when a subordinate is not available (i.e., vacancy, sick leave).

10-4 FUNDING FOR TRAINING

Maintenance and Improvements (M&I), Facilities Support (FS), and Quarters Return (QR) funds can be used for funding of tuition and travel expenses for training. However, the course must be directly related to facilities, quarters or administration of the facilities program. The following will assist in making the determination for the use of M&I, FS or QR funds for training purposes.

A. MAINTENANCE AND IMPROVEMENT (M&I)

Boiler Maintenance	Steam Traps
Electrical Maintenance	Refrigeration Maintenance
Elevator Maintenance	Masonry Maintenance
Water Treatment	Roofing Maintenance
Preventive Maintenance	Blueprint Reading
Electrical Code	Pump Repairs

B. QUARTERS RETURN (QR)

Maintenance of quarters (for items shown above).

Administrative training directly related to quarters (e.g., workshops, QTIS).

C. FACILITIES SUPPORT (FS)

Accreditation (JCAHO)
Maintenance of personal property equipment
Supervisory Courses
Management Courses
Computer Assisted Drafting (CAD)
Software Applications
Safety Related Courses
Other Operational Type Activities

10-5 REFRESHER/MANDATORY TRAINING

This type of training is necessary to ensure that staff is aware of the requirements of their duties. Generally this training is conducted by the facilities manager. Facilities managers should develop a program listing monthly topics for a three-year cycle and repeating that agenda every cycle. This training should be accomplished at each monthly staff meeting. Training should be brief and to the point. Minutes of the meeting should reflect the topic, duration, and number of employees attending. Some training can be conducted for the facilities manager by other staff at the facility (i.e., Nursing - Infection Control, Safety Officer - Safety).

A. ADMINISTRATIVE TRAINING - This type of training involves practices the facilities manager or the facilities staff needs be current on to conduct their daily duties.

(1) Safety/Disaster Preparedness/Industrial Hygiene

Accident Reporting	Hazardous Materials
Prevention of Back Injury	Use of Ladders
Protective Equipment	Proper Use of Tools
Workplace Safety	Tag Out/Lock Out
Electrical Safety	Industrial Hygiene

(2) Program Procedures

Failure of HVAC Systems
Failure of Plumbing Systems
Failure of Electrical Systems
Failure of Heating Systems
Testing of Medical Gases
Utility Interruptions
Code Compliance
Response to Emergencies

(3) Personnel Management

Position Descriptions	Position Classification
Performance Standards	Leave/Timekeeping
Light Duty Assignments	Emergency Callback
Use of Rest Periods	Grievance Procedures
Sexual Harassment	

(4) Administration

Security
Accountability of Government Property
Labor Relations
Parking

B. TECHNICAL TRAINING - Training which the facilities manager or the facilities staff needs to attend at factory schools, seminars, trade schools, correspondence to enhance their technical skills.

Among these are:

(1) Boiler Operation

a. Testing of Exhaust Gases
b. Testing of Boiler Safeties and Controls
c. Operating a Boiler

(2) Chiller/Cooling Tower Operation

a. Testing of Water
b. Testing of Chiller Safeties and Controls

(3) Preventive Maintenance

a. Pumps
b. Air Handlers
c. Refrigeration Equipment
d. Boilers
e. Cooling Towers
f. Elevators
g. Electrical System
h. Heating System
I. Plumbing System
j. Emergency Generator
k. Medical/Vacuum Pumps and Compressors

10-6 VENDOR FURNISHED TRAINING

Often training can be obtained directly from the vendor who supplied the equipment and/or material and supplies.

- Water Management Chemicals
- Cooling Towers
- Pumps
- Boilers
- Steam Traps
- Chiller/Refrigeration Equipment
- Air Handlers

10-7 LOCAL SOCIETY CHAPTERS

Training opportunities can be obtained through attendance at local society chapter meetings when the facilities manager joins a national engineering or facilities management organization. Other facilities managers in the community/private hospitals in the neighboring community may be very knowledgeable and provide training for a fee.

10-8 CREDENTIALING

A. OVERVIEW

(1) A credentialing program is the best training program. It outlines the entire progression that an individual must follow in order to be qualified and capable to perform certain jobs. The program is a tool for developing individuals into facilities engineering positions within the IHS. This career system represents a planned, organized process for identifying work force needs and for meeting the needs through coordinated programs of induction, development and progression within and between career fields. It can create an upward mobility career ladder progression for engineers and non-engineers to the benefit of the agency.

(2) Properly designed and applied, credentialing programs have the capacity of elevating the credibility and competence of the facilities engineering workforce through the establishment of minimum standards, continuing education requirements and demonstrated competence. The credentialing program must be developed for the purpose of improving the quality of the workforce and protecting the public, rather than being incidental to protecting the workforce or being a marketing or promotional effort.

B. GOALS - The program will prepare individuals for filling the needs of facilities engineering in such positions as Facilities Managers and Area Facilities Engineers. The program can be designed to prepare individuals new to the facilities engineering field as soon as they enter the workforce in IHS. It will benefit mainly inexperienced personnel without any engineering experience or experienced personnel without health care facilities engineering experience (who have made a lateral career move), and facilities personnel without engineering or health care facilities background.

C. SCOPE

(1) **Facilities Engineer**

- CO-Step Engineer
- Facilities Manager
- District Engineer
- Area Staff Engineer
- Headquarters Staff Engineer
- Deputy Area Facilities Engineer
- Area Facilities Engineer
- Headquarters Branch Chief
- Headquarters Deputy Division Director
- Headquarters Division Director

(2) Facilities Foreman (Non-Engineer)

- Maintenance Helper
- Maintenance Worker
- Maintenance Journeyman
- Facilities Foreman
- Facilities Manager

D. ASSESSMENT

(1) The initial process of credentialing involves an assessment of each individual's education, training and experience. This may vary from one extreme to the other because individuals may have different degrees of education and/or experience. This must be documented in order to develop an individual's credentialing plan. Each facilities engineering employee possesses a unique background prior to entering the facilities field in IHS. Therefore, each individual's training, prior experience and current competence must be considered when determining the requirements of his/her credentialing. The credentialing program will therefore establish a review for all individuals who are eligible for management positions in facilities engineering in the IHS.

(2) Facilities engineering credentialing is not a mandatory requirement in the IHS. It is rather a development plan that each individual should strive for to achieve full competence in their field. For this reason the files cannot be part of an individual's official personnel folder. Therefore, the files must be kept by each individual employee's supervisor.

E. DEVELOPING A PLAN - Development of credentialing plans must be accomplished only by an individual who is credentialed in the facilities engineering field. Until all key individuals in the IHS are credentialed there may be times when credentialing may have to accomplished by Headquarters instead of at the Area level.

EXHIBIT 10-8-A
AREA FACILITIES ENGINEER CREDENTIALING

1.	**PROGRAM ORIENTATION**	**HOURS**
	Headquarters Orientation	24
	Area Office Orientation	32
	Facilities Engineering Orientation I	32
	Facilities Engineering Orientation II	32
	Clinical Engineering Orientation	32
	Real Property Management Orientation	24
	Quarters Management Orientation	24
	EPA Federal Facilities Orientation	24
2.	**CODES AND STANDARDS**	
	Life Safety Code, NFPA 101	32
	Healthcare Facilities, NFPA 99	32
	National Electrical Code, NFPA 70	32
	Installation of Sprinklers - NFPA 13	24
	Electrical Safety for Employee Workplaces NFPA-70E	24
	Electrical Equipment Maintenance - NFPA 70B	16
	Inspection and Testing of Fire Protection Systems	32
	JCAHO Environment of Care Standards	32
3.	**GOVERNMENT RULES AND REGULATIONS**	
	Occupational Safety and Health Act (29 CFR 1910)	40
	Federal Acquisition Regulations	24
	Handicapped Accessibility Standards (ADA)	32
	Hazard Communication/Right to Know in Health Care	16
4.	**SEMINARS/COURSEWORK**	
	Preventive Maintenance	24
	Infectious Control in the Hospital	24
	Waste Management for Health Care Facilities	32
	Emergency Preparedness for Health Care Facilities	16
	Energy Management for Health Care Facilities	32
	Plans/Specifications for Construction Contracts	32
	Heating, Ventilation and Air Conditioning Design	32
	Industrial Hygiene in Health Care	32
	Water Treatment Technology	24
	Facilities Engineering Work Management	40
	Principles of Air Conditioning	32
	Roofing: Design, Installation and Maintenance	32
	Facilities Maintenance Management	32
	Energy Equipment Recovery Systems	32
	Indoor Air Quality	32
	Safety Management for Health Care Facilities	40
	Hazard Communication/Right to Know for Health Care	24
	Electrical Systems for Health Care Facilities	40
5.	**PLANNING AND CONSTRUCTION**	
	Basic Project Officer Course	32
	Advanced Project Officer Course	32
	Blueprint Reading	16
	Estimating	40

	Construction Inspection	32
	Space Planning Criteria	16
	Guidelines for Construction of Medical Facilities	16
	Plans, Specifications and Contracts for Engineers	32
6.	**ADMINISTRATIVE/SUPERVISORY/MANAGEMENT**	
	Supervisory Training	80
	Management Training	40
	Writing Skills	24
	Technical Handbook for Environmental Health and Engineering	24
	Facilities Engineering Operations Handbook	32
7.	**PRACTICUM**	
	Attend a Deep Look Condition Survey	32
	Inspection and Testing of Electrical Systems	32
	Attend an annual Elevators Inspection	6
	Attend an Inspection of Boiler and Pressure Vessels	6
	Attend an HVAC Systems Air Balance	32
	Attend an Environmental Health Audit/Monitoring	16
	Assignment as IHS Facilities Manager	2080
	Assignment as Area Staff Engineer	2080
	Assignment as Staff Engineer Headquarters DFFE	2080
	or	
	Assignment as Headquarters Chief DFFE/FPMB	2080
	or	
	Assignment as Headquarters Chief DFFE/FPDB	2080

EXHIBIT 10-8-B
FACILITIES ENGINEER CREDENTIALING

		HOURS
1.	**PROGRAM ORIENTATION**	
	Headquarters Orientation	24
	Area Office Orientation	32
	Facilities Engineering Orientation I	32
	Facilities Engineering Orientation II	32
	Clinical Engineering Orientation	32
	Real Property Management Orientation	24
	Quarters Management Orientation	24
	EPA Federal Facilities Orientation	24
2.	**CODES AND STANDARDS**	
	Life Safety Code, NFPA 101	32
	Healthcare Facilities, NFPA 99	32
	National Electrical Code, NFPA 70	32
	Installation of Sprinklers - NFPA 13	24
	Electrical Safety for Employee Workplaces NFPA-70E	24
	Electrical Equipment Maintenance - NFPA 70B	16
	Inspection and Testing of Fire Protection Systems	32
	JCAHO Environment of Care Standards	32
3.	**GOVERNMENT RULES AND REGULATIONS**	
	Occupational Safety and Health Act (29 CFR 1910)	40
	Federal Acquisition Regulations	24
	Handicapped Accessibility Standards (ADA)	32
	Hazard Communication/Right to Know in Health Care	16
4.	**SEMINARS/COURSEWORK**	
	Preventive Maintenance	24
	Infectious Control in the Hospital	24
	Waste Management for Health Care Facilities	32
	Emergency Preparedness for Health Care Facilities	16
	Energy Management for Health Care Facilities	32
	Plans/Specifications for Construction Contracts	32
	Heating, Ventilation and Air Conditioning Design	32
	Industrial Hygiene in Health Care	32
	Water Treatment Technology	24
	Facilities Engineering Work Management	40
	Principles of Air Conditioning	48
	Roofing: Design, Installation and Maintenance	32
	Facilities Maintenance Management	32
	Energy Equipment Recovery Systems	32
	Indoor Air Quality	48
	Safety Management for Health Care Facilities	40
	Hazard Communication/Right to Know for Health Care	24
	Electrical Systems for Health Care Facilities	40
5.	**PLANNING AND CONSTRUCTION**	
	Basic Project Officer Course	32
	Advanced Project Officer Course	32
	Blueprint Reading	16
	Estimating	40

	Construction Inspection	32
	Space Planning Criteria	16
	Guidelines for Construction Medical Facilities	16
	Plans, Specifications and Contracts for Engineers	32
6.	**ADMINISTRATIVE/SUPERVISORY/MANAGEMENT**	
	Supervisory Training	80
	Management Training	40
	Writing Skills	24
	Technical Handbook for Environmental Health and Engineering	24
	Facilities Engineering Operations Handbook	24
7.	**PRACTICUM**	
	Attend a Deep Look Condition Survey	32
	Inspection and Testing of Electrical Systems	32
	Attend an annual Elevators Inspection	6
	Attend an inspection of Boiler and Pressure Vessels	4
	Attend an HVAC Systems Air Balance	24
	Attend an Environmental Health Audit/Monitoring	16
	Assignment as IHS Facilities Manager	2080
	Assignment as Area Staff Engineer	2080

EXHIBIT 10-8-C
FACILITIES MANAGER CREDENTIALING

		HOURS
1.	**PROGRAM ORIENTATION**	
	Area Office Orientation	32
	Facilities Engineering Orientation I	32
	Facilities Engineering Orientation II	32
2.	**CODES AND STANDARDS**	
	Life Safety Code, NFPA 101	32
	Healthcare Facilities, NFPA 99	32
	National Electrical Code, NFPA 70	32
	Electrical Safety for Employee Workplaces NFPA-70E	24
	Electrical Equipment Maintenance - NFPA 70B	16
	Inspection and Testing of Fire Protection Systems	32
	JCAHO Environment of Care Standards	32
3.	**GOVERNMENT RULES AND REGULATIONS**	
	Occupational Safety and Health Act (29 CFR 1910)	40
	Handicapped Accessibility Standards (ADA)	32
	Hazard Communication/Right to Know in Health Care	16
4.	**SEMINARS/COURSEWORK**	
	Preventive Maintenance	24
	Infectious Control in the Hospital	24
	Waste Management for Health Care Facilities	32
	Emergency Preparedness for Health Care Facilities	16
	Energy Management for Health Care Facilities	32
	Industrial Hygiene in Health Care	32
	Water Treatment Technology	24
	Facilities Engineering Work Management	40
	Facilities Maintenance Management	32
	Energy Equipment Recovery Systems	32
	Hazard Communication/Right to Know for Health Care	16
	Electrical Systems for Health Care Facilities	16
5.	**PLANNING AND CONSTRUCTION**	
	Basic Project Officer Course	32
	Blueprint Reading	16
	Estimating	40
	Construction Inspection	32
6.	**ADMINISTRATIVE/SUPERVISORY/MANAGEMENT**	
	Supervisory Training	80
	Management Training	40
	Writing Skills	24
	Technical Handbook for Environmental Health and Engineering	24
7.	**PRACTICUM**	
	Inspection and Testing of Electrical Systems	32
	Attend an annual Elevators Inspection	6
	Attend an inspection of Boiler and Pressure Vessels	4
	Attend an Environmental Health Audit/Monitoring	16

EXHIBIT 10-8-D
FACILITIES DISTRICT ENGINEER

A. Initiate a model program.

B. Use Albuquerque as the test site. The District Engineer would have the Albuquerque, Santa Fe and Acoma-Laguna-Canoncito Service Units as the jurisdictions for the model.

C. Initiate the model with Native Americans as maintenance foremen on the hospital site. The foremen would run the day-to-day program with technical and administrative supervision by the district engineer from the district office.

D. The model will train the three foremen in addition to training a replacement district engineer when the model test is complete. Training would have to be conducted first to bring the foremen up to speed.

E. The program will create an upward mobility career ladder progression for engineers and non-engineers to the benefit of Native Americans and others. Once the program is initiated the logical progression for the facilities positions would be as follows:

(1) FACILITIES ENGINEER

CO-Step/Resident Engineer
Facilities Manager
District Engineer
Area Staff Engineer
Headquarters Staff Engineer
Deputy Area Facilities Engineer
Headquarters Branch Chief
Area Facilities Engineer

(2) FACILITIES FOREMAN (NON-ENGINEER)

Maintenance Helper
Maintenance Worker
Maintenance Journeyman
Facilities Foreman
District Engineer Assistant

F. The model time frame will consist of 80 weeks broken down as follows:

(1) ON SITE TRAINING 24 Weeks

Eight weeks at each site with each individual maintenance foremen. This will allow the district engineer to extensively lay the ground work for the program. The benchmark will be laid out by conducting a program review of each site and initiating the corrective actions to bring the

program to acceptable standards. The items to be covered during this period will be to **physically** review all utility systems and update drawings at each site (e.g., HVAC, steam, electrical, medical air, elevators, medical gases, plumbing, domestic water, fire protection etc.), review the preventive maintenance program, establish a financial accounting system, attend all service unit meetings, conduct on the job management and supervisory training etc.

(2) FACILITIES ENGINEERING ORIENTATION COURSE 2 Weeks

Conduct the facilities engineering orientation course I and II for the three maintenance foremen and district engineer trainee.

(3) NFPA 101 1 Week

Conduct an NFPA 101, Life Safety Code training course for all three maintenance Foremen.

(4) NFPA 99 1 Week

Health Care Facilities training course for all three maintenance Foremen.

(5) NFPA 13A 1 Week

Conduct an NFPA 13A, Sprinkler Testing and Maintenance training course for all three maintenance Foremen.

(6) PROJECT MANAGEMENT 1 Week

Conduct a project/construction management training course for all three maintenance Foremen.

(7) REAL PROPERTY 1 Week

Conduct a real property management training course for all three maintenance Foremen.

(8) CLINICAL ENGINEERING 1 Week

Conduct a clinical engineering training course for all three maintenance Foremen.

(9) SUPERVISORY TRAINING 1 Week

Conduct an administrative/supervisory training course for all three maintenance Foremen (e.g., job descriptions, performance evaluations,
classification, supervision etc.).

(10) TESTS AND INSPECTIONS 1 Week

Conduct tests and inspections on (elevator,

fire alarm, boilers, generator, sprinklers etc.)

(11) OSHA 1 Week
Conduct OSHA related training

TOTAL TRAINING TIME 35 weeks

The balance of time will be dedicated to actually implementing the program to evaluate the performance of the three sites and the three foremen now that the program has been institutionalized. It is recommended that JCAHO, Area and Headquarters program reviews after the 80 week period be the indicator of program success.

CHAPTER 11 - STAFF PLANNING

11-1 INTRODUCTION

A. One of greatest challenges of a new facilities manager is reviewing the required workload at a facility and determining if there is adequate staffing to accomplish all that workload. Required work load is the work that must be accomplished whether staffing is adequate or not. Staffing planning uses a methodology for identifying the required workload and then comparing it to the actual workload that can be accomplished with the available in-house staff. The methodology therefore will allow a facilities manager to decide if there is available staffing to accomplish the required workload. The exercise is accomplished by tabulating the workload (in staff hours) for each major category of work for all the known requirements of a program.

B. Inevitably there are other duties (i.e., pick up mail, moving furniture) that the maintenance staff is required to perform, although the staffing criteria did not take those duties into account. Another separate tabulation is made of all other duties that are required because they have been imposed by management on the staff. The two workloads are then added and converted to full time employees (FTE). Once the requirements are established a comparison is made between the program requirements and the potential accomplishments with the approved in-house staff. The resulting analysis allows the facilities manager the opportunity to develop a method of correcting workload deficiencies if they exist.

C. Several important points need to be considered before this exercise can be accomplished.

(1) Facilities managers need to evaluate the workload capabilities of the in-house staff. This means that although there may be staff available to perform work, they may not have the skills to perform all the required work. In some instances the staff may have the skills but the tools and or equipment to perform the work are not available and cannot be purchased due to the lack of funds.

(2) The installation must have an accurate work management program (work orders) in place. An accurate program is one where all work accomplished by facilities employees whether maintenance or non-maintenance is documented utilizing work orders. In other words there is a historical record of the past work load at the facility.

If the above two conditions do not exist at the facility then the methodology outlined in this chapter cannot be accomplished until such time that the required program elements are in place.

11-2 TYPES OF WORKLOAD

It is important that we first define the types of workloads required of a facilities engineering program, so that we are all in agreement on the terminology that will be used in this chapter.

A. **PREVENTIVE MAINTENANCE (IN-HOUSE)** - A scheduled and controlled program of inspection, adjustment, lubrication, and replacement of components. This work is documented through the use of work orders. This workload figure is the total preventive maintenance (PM) man-hours required for the entire program minus the PM workload that is contracted. The contracted work cannot be included because that workload will be accomplished by the contractor's work force, not with the in-house staff.

B. **ROUTINE MAINTENANCE** - The repair or replacement of obsolete, worn, broken, or inoperative building components or systems. Routine maintenance may be scheduled repetitive work but generally it consist of requests of a non-emergency nature. This is the day-to-day workload that is generated by departments throughout the facility through the use of work orders. This figure is best arrived at by averaging the total work staff hours for each trade category (i.e., plumbing, carpentry, electrical) for work performed by in-house staff the previous three fiscal years.

C. **TESTING/INSPECTING** - This is work that must be accomplished and it cannot be reduced or eliminated. Some of this workload may be accomplished with in-house staff. Some or all of this work may be contracted out on one-time procurement requisitions or at various frequencies using service contracts. Therefore, the workload that is contracted must be deducted from this figure.

D. **EMERGENCY MAINTENANCE** - Unscheduled work requiring immediate action to restore services or correct problems that could interrupt or curtail the installation workload. An emergency is any action that requires that facilities employee(s) stop the scheduled workload to accomplish another task of more critical importance. Work orders for this work should be coded as such by the facilities manager when he/she issues work orders. This figure is the total emergency work required of the facilities maintenance staff regardless of what or who caused the emergency. This work is not part of what is tabulated under routine maintenance work orders.

E. **OPERATIONS** - This figure is time spent daily, or weekly to operate, control and monitor operating equipment for proper operation throughout a building. This work cannot be reduced or eliminated. Examples of this type of work are: daily checks of the status of medical gas bottles hooked up to the central manifold, checking the walk-in freezer, checking the status of boilers or furnaces, checking the status of the air conditioning system in surgery, the first thing every morning when the crew reports for work.

F. **SUPERVISION** - This includes the workload for the supervisor of maintenance personnel, if applicable, and the workload of the facilities manager. This figure cannot be reduced unless the supervisor performs other duties such as those of the Safety Officer, accomplishes some of the facilities maintenance workload by himself/herself, transportation duties or other similar duties. This figure must be calculated, as this work is not normally tracked by work orders.

G. **QUARTERS MAINTENANCE** - This figure is the total of all trade work orders performed on quarters and utilities leading to quarters. This figure is not part of the routine work orders tabulated above for the rest of the installation.

H. **CLERICAL/ ADMINISTRATIVE** - This figure is the total clerical staff hours required to support the facilities engineering program. The figure should be tabulated even if the work is currently being accomplished by staff from another department on a part time basis. The work includes such items as; typing, filing, answering the phone, preparing reports etc. This is exclusive of the typical clerical duties (competing work orders) performed by all facilities employees in their job assignments. This figure must be calculated, as this work is not normally tracked by work orders.

I. **NON-MAINTENANCE DUTIES** - This is work that is not included in the IHS Resource Staffing Methodology utilized to staff a facilities engineering. The available maintenance staff is often required to perform other duties that are not maintenance functions. Since the work is performed by facilities employees it needs to be tracked by work orders. This workload generally involves: ambulance driving and other transportation duties, housekeeping, clinical engineering (bio-medical assistance, mail pick-up, and safety officer duties.

J. **AMBULANCE DRIVING AND OTHER TRANSPORTATION** - This figure is the transportation workload for transportation imposed on facilities maintenance employees. The ambulance driving should be tabulated separately from the other transportation merely to distinguish the workload from other types of driving. If a mechanic drives a vehicle to another site to perform routine maintenance at another site, it should not be considered transportation as the maintenance work could not have been performed by a motor vehicle operator. Transportation in that instance is part of travel required to perform the work. If a mechanic drives a vehicle to drop off another mechanic to perform work at another site the driving work in that instance is considered transportation work.

K. **HOUSEKEEPING** - This figure is the housekeeping workload imposed occasionally on facilities maintenance employees due to housekeeping staff vacancies or shortage of housekeeping staffing. This is not the normal housekeeping workload of the housekeeping section at the installation.

L. **CLINICAL ENGINEERING (BIOMEDICAL)** - This figure is the workload imposed on facilities maintenance employees. This could be assisting clinical engineering personnel to perform their workload or permanent clinical engineering workload assigned to facilities maintenance employees. An example of the latter is the maintenance of dental hand pieces assigned to facilities maintenance employees.

M. **MAIL** - This figure is the clerical and/or transportation workload imposed on facilities maintenance employees to pick up and/or deliver mail daily or occasionally.

N. **SAFETY** - This figure is the workload for those facilities managers who also serve as the installation safety officer in addition to managing the facilities department. These are not safety duties related to the occupational health and safety duties required of every facilities engineering supervisor for his/her own subordinate staff.

O. **OTHER DUTIES** - This figure is optional for the facilities manager to tabulate any other type of non-maintenance work unique to their operation that has not been outlined above but nevertheless impacts on the maintenance department workload. Among them are attending meetings other than those related to maintenance duties, Union duties etc.

11-3 AVAILABILITY OF STAFF HOURS

A. Each service unit defines the annual maintenance requirements in staff hours (not including work that will be accomplished by service contracts) for the above categories. The staff hour requirements are then converted into FTE.

B. Each full time employee is equivalent to 2,080 work hours per year (52 weeks at 40 hours per week). It is necessary to deduct an average allowance for holidays 10 @ 8 hours each, annual leave (3 weeks @ 40 hours each), sick leave (3 weeks @ 40 hours each).

Available man hours for one FTE is equal to:

One FTE = 2080 available hours
- 80 holiday hours
- 120 annual leave hours (average)
- 80 sick leave hours (average)
- 40 miscellaneous hours (e.g., training)

= 1760 hours available to perform work at 100% efficiency.

C. Efficiency has been defined by the government through intensive studies as 70% of available time. An adjustment for efficiency staff hours must be made.

The average worker is therefore;

1760 hours x .70 efficiency

= 1232 hours available productive time

This is the value used to determine staffing.

11-4 COMPUTATION METHODOLOGY

A. DATA GATHERING - The maintenance staffing plan provides the following information about each service unit:

(1) Maintenance FTE Requirement - Each service unit should research the workload requirements of their facilities. The requirements should be based on past records (work orders or time cards).

(2) Maintenance FTE Availability - The availability of maintenance FTE is the number of authorized available FTE at each service unit or installation. This figure is multiplied by 1232 staff hours to determine the total number of available man-hours at the service unit or installation.

(3) Allocation of the available maintenance FTE - Indicate how the available FTE will be utilized in relation to the maintenance FTE required. Each service unit must analyze each category of work that must be accomplished by the facilities engineering staff under present conditions. For example if currently the facilities staff must pick up the mail then that workload must be deducted from the available maintenance staff hours and be shown as non-maintenance duties in the tabulation. The average workload for routine maintenance and so on must also be deducted from the total and shown as routine maintenance in the tabulation. The total number then continues to be reduced by those items that need to be accomplished. Eventually the analysis will yield some work that must be accomplished but cannot be performed with in-house staff.

B. ANALYSIS - The service unit maintenance workload reviewed by the facilities manager is a valuable tool in determining maintenance priorities, especially when the available maintenance FTE is less than the required FTE. It also provides documentation for additional positions. If the available manpower is less than what is required, some workload cannot be accomplished. The analysis in this section will document what is the work which will not be accomplished. The facilities manager will then have to either inform management of the work that will not be accomplished or increase the number of service contracts to accomplish the work. Remember, not accomplishing work required by codes could jeopardize accreditation and may also violate law thus raising legal implications. Part 71 of the Technical Handbook for EHE illustrates the format for presenting this information.